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THE WESTERN JOURNAL OF MEDICINE AND SURGERY.

MAY, 1853.

ARTICLE I.—*A Case of Penetrating Wound of the Chest; Pleuritis; Recovery.* By JAMES KNAPP, M. D., of Louisville, Ky.

Johnson Boyles, aged thirty-two years, of good constitution, was stabbed, December 18, 1852, at 8 o'clock, P. M., with a large knife, which penetrated the left side of the chest, severing the cartilage and adjoining intercostal spaces of the third rib, about one-third of an inch from the sternum. He supported himself for a moment against the wall, and, soon observing the sound produced by the passage of air through the wound, made pressure with the hand over the seat of injury, and asked to be helped home, a distance of two squares. By the support of a friend he was able to proceed one square, when he became faint. He was then placed in a recumbent posture and carried home.

I saw him about thirty minutes afterwards. There had been considerable external discharge from the wound; air had freely entered through the wound into the chest; left lung was collapsed; no expectoration of blood; pulse very weak; countenance pallid. I directed him to be placed upon the left side, so that the discharge might be external, and ordered an anodyne.

19th, 7, A. M.—Hemorrhage entirely ceased. Approximated the edges of the wound with stitches and strips of adhesive plaster, and directed the bowels to be moved.

12, M.—Reäction has taken place, and he complains of pain in the left side of the chest, more violent about the heart and the left shoulder; no respiratory murmur upon the injured side, but at each impulse of the heart a well-marked splashing sound could be heard in the præcordial region, that resembled nothing so much as the beating of the heart in a fluid — evidently blood. The patient was placed in a sitting posture, and four ounces of blood were abstracted from the arm, which produced a tendency to syncope, and afforded much relief.

4, P. M.—Prof. Gross attended with me in consultation. Pulse 90, regular, save an intermission about every tenth beat, sufficient volume, easily compressed; respirations twenty. Pericardium supposed to be wounded, and that the splashing sound, which could be heard at the distance of several feet from the bed, was produced by the blood within the pericardium. Prescribed sulphate of magnesia and senna, to be repeated until the bowels are more freely moved; also tartrate of antimony and potass, and sulphate of morphia, ää grs. ½, to be administered every two hours; and directed a blistering plaster, six inches square to the anterior left side of the chest. Diet very light.

20th.—Prof. Gross in consultation. No improvement; splashing sound as distinct as yesterday. Bowels have

been freely moved; blister has drawn well. Continue the tartarized antimony.

21st.—Prof. Gross with me. Resting more comfortably; voice improved; can take a fuller inspiration; no respiratory murmur upon the left side; fluid sound almost entirely gone. Directed the bowels to be kept freely open with sulphate of magnesia, and continued the tart. antimony.

January 1st.—Quite feverish; skin hot; countenance flushed; tongue more coated; pulse one hundred and thirty, and too weak to justify the use of the lancet; respirations twenty-three; tendency to cough. Prescribed hydrargyri chlor. mit. grs. viij., in divided doses, and continued the antimony.

6th.—Slept none last night; cannot remain recumbent on account of greater dyspnea, but lies upon his back, with the shoulders considerably elevated; great anxiety; says he has pain every where; blister still open. Removed the strips of adhesive plaster and examined the wound. Union not quite complete. The patient's position being changed so as to bring the wound more pendent, about three pints of sanguineous serum was discharged through the wound. Feels greatly relieved, and is able to resume the recumbent posture. The wound left open, with a few folds of linen placed over it, and the patient directed to so change his position several times each day, that the fluid might be discharged. Discontinued the antimony and directed an anodyne.

7th.—Rests comfortably; is more debilitated, and much emaciated. Directed porter, essence of beef, and toast.

9th.—Says he has no pains in the chest, but complains of much pain in the bowels, with dysenteric dejections. I considered that the intestinal irritation would prove beneficial by diverting morbid action from the thoracic organs, and as it was not sufficiently active to endanger

the patient, contented myself with the administration of an occasional opiate, for the purpose of causing him to rest more comfortably. It is supposed that, since the 6th inst., two pints of serous fluid have been discharged through the wound.

12th.—A friend of the patient fearing that the dysenteric symptoms might endanger the patient, desired a consultation. Dr. Gross being absent from the city, Dr. T. S. Bell was called. Pulse ninety-eight, regular, of sufficient volume, easily compressed; respirations seventeen; wound discharging four ounces a day of sero-purulent matter; blister nearly healed. The irritation of the bowels considered favorable, and as the patient was able to sit in a chair two hours at a time, and was evidently doing well, no change was made in the treatment.

23d.—Sits up all day and walks about the room. Improving in flesh, and looks well. The discharge from the wound has continued to diminish until it has nearly ceased.

March 4th.—Has been on a visit to the country, seventy miles distant. Returned much improved in flesh and strength. Weighs one hundred and forty pounds; usual weight one hundred and fifty-five pounds. Has, at several different times, slowly walked ten squares. Says exercise soon produces palpitation and accelerated respiration; that the left shoulder and arm are weak, and that he frequently has pain in the shoulder, extending down the arm. Upon viewing the chest anteriorly upon the injured side, the wound is entirely healed; the pectoralis major muscle appears atrophied; the region of the third and fourth ribs considerably depressed; the respiratory movements less manifest than is natural, and the heart's action seems quite tumultuous; yet upon applying the ear to the præcordial region, the sounds of the heart are natural and the pulsations regular. The respiratory murmur is feeble over the entire left side of the chest; feebleness more

marked anteriorly. Upon percussion there is a very perceptible dulness, more manifest upon the anterior than upon the posterior portion.

March, 1853.

ART. II.—*A Case of Extensive Abscess of the Liver; Effusion into the Peritoneum; Death; Autopsy.* By J. R. WILCOX, M. D., of Evansville, Ind.

Mr. B. aged 45 years, of irreproachable character and habits, medium stature, arrived in this city, September 4, 1852, seeking medical advice, on account of an enlargement in the right side.

He presented the following symptoms: a marked icteric hue of the conjunctiva and skin, much emaciation, slight cough, without expectoration, hurried respiration, almost suffocating dyspnea when in the recumbent position, hectic fever, with nocturnal perspiration, very frequent eructations, with occasional vomiting, capricious appetite, torpid bowels, stools very light, feet edematous, pulse one hundred and ten, soft. Stethoscopic examination showed a healthy condition of the lungs and heart.

Local symptoms were, pain complained of in the right side and region of the stomach, with an enlargement or tumor in the right side, elevating the false ribs from two to three inches, apparently four or five inches in diameter, not tender, except upon hard pressnre, no fluctuation, and no redness or discoloration of the integuments.

The lower lobe of the liver could be felt distinctly by well defined edges, low down in the abdomen, and was tender upon pressure; considerable distension of the abdomen.

He gave the following history of his illness: After great exposure upon the river during the extreme cold

weather of January, 1852, he was seized, whilst standing in an insurance office, in Cincinnati, with rigors, vomiting, and an exceedingly acute pain in the right side and region of the stomach. He landed, in a few hours, at Rising Sun, and the vomiting and pain being unabated, he was there promptly attended by two or three physicians. After a few days, the symptoms were apparently controlled, but from that time he had some pain, occasional vomiting, and shortness of breath.

On the fourth day after his arrival here, I was called in haste to see him, and found him rapidly sinking. His skin was cold and clammy; he was almost pulseless and soon expired.

Autopsy, eighteen hours after death, by Drs. Wilcox and Mitchell. Witnessed by Drs. Walker, Byford, and Ham.

Upon laying the body bare, the right hypochondrium was elevated probably two inches above a normal position, but the tumor was not to be found.

Upon laying the abdomen open, the stomach was found in the umbilical region, and pus, in quantities almost beyond belief, was found in all parts of the abdominal cavity.

The liver being at least three times its natural size, had not become adherent to the walls of the abdomen, although I had endeavored to induce an external outlet, by blistering and fomentations; nor had the abscess opened upon the anterior surface of this viscus, but on the posterior, in the lobulus quadratus.

No abnormal appearance was found in the remaining viscera, except some slight traces of melanosis in the lungs.

January 15, 1853.

ART. III.—*A Case of Fatal Gangrene of the Fauces, caused or attended by Worms.* By WILLIAM BOYD, M. D., of Rock Island, Texas.

Burke, a black man, aged forty-five years, first attracted the attention of his master on the 15th of September, 1852, by bleeding at the nose. On entering his room, I perceived an offensive odor, and on injecting a solution of zinc into the nostrils for the bleeding, several worms were discharged, bearing a resemblance to the common maggot. By employing warm water and soap, a considerable number were brought away; the hemorrhage was arrested by the zinc. Having found calomel and sweet oil efficacious in destroying maggots in the wounds of cattle, I directed an injection to be used consisting of these articles. The next day a number of worms were discharged.

The treatment was continued, and on the 5th, the patient was so far relieved, that he walked a mile or two to church.

7th.—I was called to the patient again, and found him complaining of a dull pain in the head, very restless, pulse hard and quick, bleeding at the nose and mouth. Enemata were used to move his bowels, and the injections into the nose, as before.

8th.—Patient worse. Considerable fever, complains of pain in his head and neck. Tartar emetic, in small doses. Injections of spirits turpentine and calomel into the nostrils.

9th.—Nothing except slight swelling detected in the fauces. Symptoms appeared slightly improved.

10th.—Breathing stertorous; pulse small, quick, stupor, perspiration. On examination, soft palate found in a state of sphacelus, and when this was excised, the cavity was discovered to be full of worms. After their

removal, his throat having been cleansed, patient felt better, and breathed with more freedom.

On the 11th, he died.

Post-Mortem.—The brain and membranes were found engorged with black blood. The branches of the olfactory nerve were dark from the presence of the same. The cribriform plate of the ethmoid bone presented a dark appearance, and other parts of this bone were soft, and filled with a dark grumous matter. The whole posterior fauces were in a state of mortification, and at one point the cervical vertebræ were nearly denuded.

November, 1853.

ART. IV.—*A Case of Verminous Disease.* By J. WINDLE, M. D., of Oskaloosa, Iowa.

November, 1852, I was consulted about a lad, fourteen years old, the son of Mr. Durbin, of Lane county, Ky. His father gave me the following history of his case: In December, of the previous year, the boy began to show indisposition, and on the night of the 25th, after retiring to bed, apparently not more out of health than usual, he was seized with difficult, loud breathing, and was discovered to be nearly pulseless, flaccid, and unconscious. On falling asleep, after being aroused, the same symptoms recurred several times during the night. Vermifuges were administered, by the advice of a physician, but without any good effect.

These attacks continued to recur, at irregular intervals, invariably at night, two or three hours after retiring; sometimes every night, then every third or sixth night.

In March, 1852, when I saw him, he was much emaciated, abdomen slightly tumid, upper lip a little swollen,

tongue coated with a white fur, the papillæ prominent and red. Calomel grs. xv., and gamboge grs. iii., were prescribed two nights in succession. The action of the purgative was brisk, and several hundred small worms, of a peculiar form and appearance, were brought away. They are not of any species usually found in the intestinal canal of the human subject, but of a dark brown, almost black color, round in form, tapering an inch or less in length, and two lines in thickness. The relief from the expulsion of the worms was complete, and the lad was soon restored to perfect health.

The facts of this case illustrate well the influence of intestinal irritation upon the nervous centres, of which the practice of physic daily furnishes so many examples.

March, 1853.

ART. V.—*A Case of Typhoid Fever marked by some peculiarities.* By WILLIAM KENNEY, M. D., of Millersburgh, Ky.

The subject of this report, Reuben T. Batson, forty-one years of age, a stout and athletic man, a native of this place and a carpenter by trade, of previous good health, given to a moderate use of ardent spirits, after some two weeks of fatigue and loss of sleep in attention to an afflicted little son, was taken on Wednesday morning, April 13, with chilliness, pain in the head and back, fever, general muscular soreness, moderate thirst, a coated tongue and constipated bowels with a pulse moderately full and 96 to the minute. His urine free and high colored. The pain in the back precluding the possibility of sleep or quietude, was of a severe and lancinating character, situated over the junction of the last lumbar vertebra with the sacrum, and so very excrutiating that he kept up a constant wine-

ing and twitching as if to moderate or throw off its violence.

In this condition we found him and directed rest in a horizontal position, a mercurial carthartic to be followed in six or eight hours by oil, free sponging of the surface, acidulated and cooling drinks with cold applications to the head, opiate embrocations and flannels wrung out of hot water to the seat of pain in the back.

Thursday, 14th. Patient slept none last night, as he had failed to do since Monday night—medicine acted very well, two operations, the last bilious and consistent, urinates more frequently and less freely. Pain of head much relieved, no fever, surface soft and of natural temperature, pulse 84, tongue pale and covered with a heavy light colored coat of mucus wearing the indentations of the teeth. No appetite, a little enfeebled but thinks he would be well if he could sleep and get relieved of the pain in the back, which continues more of a nervous character, aggravated, and described as a pleuritic stitch on prolonged inhalation.

To-day, in anticipation of a return of fever we prescribed sul. quinine and directed a blister to the seat of pain: the denuded surface, to be covered after vesication by lint saturated with tinct. opii, and left a compound powder of ipecac, calomel, hyd. cum cret, and sul. morphia for night, with the privilege of some fluid nourishment during the day.

Here the peculiar character of the pain in the back led to an inquiry as to the probablility of his having received an injury, in this region, at any time. His reply was that some years ago in lifting he received an injury that lamed him for a few days and that in the last few weeks he gave it another wrench that hurt him some but did not stop him from work, but upon manual examination of the spinal column no tenderness was developed, except of a slight character, over the seat of pain that gave rise to pain of a

shooting character over the trochanter major and down the front of the thigh to the knee.

Friday, 15th. No fever on yesterday, and towards noon profuse perspiration, of a clammy character, covered the surface. Delirium presented and a sleepless night was passed, the patient complaining much of pain.

To-day perspiration continues, features blanched, skin corrugated, extremities cold, tongue clammy and protruded with a tremulous motion, pulse 112 to the minute, urine high colored with a lateritious deposite, bowels moved, operations rather thin, appears restless and anxious, calls for drinks and takes nourishment. Delirium continues and he casts the eyes exploringly over the room, imagining the presence of strangers who design him mischief, feels his bed moved by some one secreted beneath it, calls out to persons as if passing in the distance, thinks himself away and wants to go home, answers questions promptly and with precision, shrinks from contact with some unknown person whom he imagines in bed with him, and with his arms, tremulous and partially extended, rolls up the bed-clothing and speaks of it as a child, a saw, a piece of dressed timber or his afflicted limb; loquacious, the mind passing rapidly from one matter to another and yet not altogether inattentive to what is going on about him. Starts as if spoken to, pupils contracted, head cool and the pain in the back now removed and apparently of a most distressing character over the trochanter major of the right side, the limb immoveably extended and the very touch of the toes excruciatingly painful.

The case growing more urgent, omitted quinine owing to idiosyncrasy of patient, and directed camph. mixt, arom. sp. ammon, tinct. opii in brandy every few hours, with nourishing diet, and the pain to be followed by blisters and anodyne dressings. At night a drachm of tinct., opii, if no sleep before, and the room kept quiet.

Saturday, 16th. Restless during the night, no sleep,

delirium continues and perspiration profuse, pulse frequent and feeble. The pain from trochanter with unmitigated severity now appears over the inguinal region, feels some uneasiness yet in the back, has taken nourishment, but objects to the brandy as producing excitement and a glow throughout the system, bowels moved twice, the operations thin, urine scant and frequently passed with pain.

Prescription continued, the amount of brandy increased and directed gr. ss s. morphia at night.

Sunday, 17th. No sleep, delirium and a free and fluid state of the bowels continue with increased feebleness, and an icterode appearance of the conjunctiva; tongue coated brown in the centre, ardent urine, restless, and applies the hand frequently to the head, pulse 124, and thready. A strong ammoniacal odor emanates from the body, and the patient says he is cold.

Camph. mixt., brandy, &c., continued with directions that he should have a stream of cold water played upon the head, and ij. grs. of s. morphia at night.

Monday, 18th. Slept the greater portion of last night, and expresses himself, this morning, as being much better, feels drowsy and calls for food and drink, bowles moved twice, the last operation approaching something of a more consistent character, tongue moist and still coated, pulse 96 and compressible, surface cool and clammy, urinates less frequently, and directs your attention to the pain of the thigh and leg, though of a much less violent character, and can permit of its being cautiously moved. He frequently speaks of the soreness of his back.

The patient has now, apparently, moments of rationality alternating with delirium of the more usual typhoid form, with restlessness and anxiety. The eye is dull in its expression, pupils contracted, and features of a dusky sallow cast, bowels slightly tender and tympanitic.

Directed brandy and nourishment through the day,

warm fomentations to the abdomen, with gtt. X of tinct. opii occasionally, and hyd. cum cret. ipecac and S. Morphia at night.

Tuesday, 19th. Slept well last night, feels more cheerful and less stupor than yesterday, yet sleep is disturbed by muttering and delirium, throughout the day. He has a perfect recollection as he has continued to have of his friends who visit him, and not unfrequently asks what is going on down in town. The surface is cool, pulse 84, with a little more volume. No operation, urine tolerably free.

Prescription of yesterday continued with the addition of friction and sinapisms to the surface and extremities.

Wednesday, 20th. Our patient passed a miserable night with an aggravation of the more unfavorable symptoms over yesterday; has tremor of the extremities, a frequent and feeble pulse with the condition of the surface as heretofore. The left nates, the seat of pain, much swollen, and the superincumbent structure edematous and of a jaundiced hue. He refers to pain of the back, and exhibits more of the results of that morbid action going on in the system, with a state of mind that

> "Doth by the idle comments that it makes
> Foretell the ending of mortality."

The tongue coated brown with red edge and tip, bowels moved last night, the operations offensive, and continue of a fluid nature.

Directed brandy, camphor and S. Morphia, with some nourishment and anodyne enemata.

Thursday, 21st. No sleep last night, restless and delirious, skin cool and clammy, pulse 112, refuses food, respiration somewhat quickened, enlargement of the nates, with pain and tenderness much increased and fluctuation with a deposit of matter deep seated. No complaint now of left hip and yet unable to use it.

Continue brandy, camphor and morphia.

Friday, 22d. Patient moribund, pulse 124, respiration

hurried, jactitation, and struggles to leave the bed; skin cold and livid, delirium, with muttering of half finished expressions, subsultus tendinum and death at 3 o'clock, P. M.

In the management of this case, in the last few days of the patient's life, I had the advantage of the advice of Dr. I. Miller, of this place, and still later of Dr. Wm. Adair, of Cynthiana, Ky. No post mortem was made.

April 30th, 1853.

ART. VI.—*Quinine in Cholera Infantum.* By G. W. BOOTH, M. D., of Carrollville, Miss.

I wrote a short and very imperfect article on Cholera Infantum which was published in the New York Medical Gazette in 1851. I therein gave my views of the etiology of this disease and my mode of treating it. I was in hopes that others would test the plan of treatment recommended and give the result of their experience to the profession. Presuming that no practitioner has deemed it necessary to adopt the plan then urged, as having been remarkably successful in my hands, and endorsed in some degree by Prof. L. P. Yandell, of Louisville, I have thought that it may not be amiss to call the attention of the profession to the subject again.

In the article referred to, I stated it as my opinion that the predisposing causes of Cholera Infantum and our autumnal fevers were identical, and that I had found the same mode of treatment successful in both forms of the disease, with variations to most local complications. My mode of treating the disease is with the disulphate of quinine, and I can truly say that in my hands it has been remarkably successful. I am confident that no person who will give the quinine a fair trial in this disease will feel disposed to lay it aside for any other mode of

treatment at present known to the profession. If this brief article should have the effect of inducing others to adopt the quinine mode of treating this scourge of infancy in the Southern and South-Western portions of our country, I shall have effected all I intended by this short and imperfect communication.

May, 1853.

ART. VII.—*A Letter on the Physiological Doctrines of Marshall Hall, M. D.* By B. M. WIBLE, M. D., of Louisville, Ky.

During the recent visit of Dr. Marshall Hall to our city, I had the pleasure of meeting him with a number of our physicians, when he performed for us some of those experiments from which he has educed that splendid discovery in physiological science of the distinct spinal system, and made it subservient to important improvements in pathology, diagnosis, and therapeutics.

I propose to give to the readers of your Journal, an account of the experiments made, although similar ones have been published before, and some of the profession are familiar with them.

By request, Dr. Hall made the experiments which prove the spinal cord to be the centre of all excito-motor actions, and that these are independent of sensation and volition.

A small frog was placed upon the table, and with a pair of scissors the head severed from the body, and the latter in a minute or two was in a state of complete repose. Dr. Hall afterwards asked those present if they thought the frog could remain perfectly and permanently quiet, after so severe an injury, if it retained sensation and powers of voluntary motion. It was conceded that the animal must be deprived of these.

Early after decapitation, the foot was pinched with a

pair of forceps, and the limb contracted slowly; the shock from the injury having temporarily paralyzed the nervous energy; but in five or six minutes when the forceps was again applied the limb contracted actively. It was asked why did the limb contract if the frog possessed neither sensation nor voluntary motion? It had been agreed that it possessed neither of these, and therefore, the motive power must depend upon something else.

The frog was then turned upon its back, the abdomen laid open, and the heart, lungs, and alimentary organs, and the ganglionic system of nerves removed. The foot was again pinched, and the leg contracted actively. The conclusion was obvious that the motive power did not depend upon the ganglionic system of nerves.

A circular incision was next made around the lower part of the thigh, barely cutting through the skin, which was then stripped off towards the foot like a stocking. In pinching the limb thus denuded of the skin, no motion whatever could be elicited. In removing the skin from the leg, a small portion of it was left attached to the foot, which being pinched caused the leg to contract, but after its removal no contractions could be produced by pinching the leg below the place where the circular incision had been made. These experiments prove the skin to be a point in the arc of the nervous course in these phenomena.

Next, the spinal nerves, given off to the limb, (which had not been deprived of the skin, and which still retained its contractile power) were divided close to their origin in the spinal cord, and instantly the limb became flaccid, and the pinching failed to induce the least contraction.

Subsequently the experiment was varied by destroying the spinal cord in a vigorous frog, and when the destruction was completed, (which was done in a few seconds) not the least movement could be induced by

pinching any of the limbs; on the contrary they were as flaccid and passive as if the animal had been dead a month.

These experiments prove the spinal cord to be essential to those excited muscular movements which are independent of sensation and voluntary motive power.

Afterwards like experiments were made upon the snake, and the independence of excited muscular movement from sensation or pain was clearly shown. After the snake was decapitated it was hung up by means of a cord tied around the neck, and, at first, its own motions kept up excited impressions, probably by the action of the scales upon the skin; but soon afterwards it became perfectly still. But touching it again upon the tail, or any part of the body, it would be thrown into contortions, which subsiding, the same experiments could be again and again repeated, productive of the same results.

When the snake was taken down, and placed upon the table, muscular action was again excited. It was soon, though, in repose, and would remain so permanently, unless excited by external influences, and this, it was stated, had been fully demonstrated by experiments made upon animals placed under a bell glass where the air and other disturbing causes were excluded.

In man the same phenomenon is observable as in the frog or snake. In cases of paralysis of the lower extremities, where both sensation and powers of voluntary motion are lost, owing to disease, compression, or division of the spinal cord, active movements of the limbs may be produced by irritation applied to the soles of the feet, or by plucking the hairs on the leg.

The conclusion from these experiments and observations is, that the nerves of excited muscular movement have their *origin* in the skin, mucous membrane, &c., their *centre* in the spinal cord, and their *destination* in the muscles. An arc is thus formed, having one extremity

in the skin, the other in the muscle, and the centre in the spinal cord.

The *passage* of the nerve from the skin to the spinal cord is denominated the *course;* and that from the spinal cord to the muscle, the *reflex course* in these phenomena.

The nerve passing from the skin to the spinal cord is called the *eisodic* nerve, and that from the spinal cord to the muscle, the *exodic* nerve.

It has been disputed that the spinal cord is the centre of excited muscular movement, particularly by Dr. Dowler, of New Orleans; but any one who will read his accounts of experiments made on the alligator, and then witness those made on the frog, or snake, by Dr. Marshall Hall, will be convinced that Dr. Dowler was not qualified to interpret what he observed.

The importance of these spinal functions, their bearing on diagnosis and therapeutics was discussed during the evenings spent with Dr. Marshall Hall, and may be the subject of another letter for some future number of your journal. Dr. Marshall Hall's aim in showing these experiments, and in the examination of a patient, is, according to an expression of his own, "to bring out the facts, and make *them* speak," and certainly the effect is at once highly interesting, impressive and convincing.

May, 1853.

REVIEWS.

ART. VIII.—*What to Observe at the Bedside and After Death in Medical Cases.* Published under the authority of the London Medical Society of Observation. Philadelphia, Blanchard & Lea, 1853, 8vo., pp. 202.

Here is offered to the profession a manual, the salutary influence of which will be felt in all time to come. One cannot help wondering, after such a work has been brought forth, why it was so long appearing. A guide so convenient and useful, so necessary, indeed, to uniformity of observation, we would think would have been long ago suggested to the mind of some ingenious author. We hail its appearance with sincere pleasure, and beg every reader who aspires to become accurate in observation, and especially every one who has any thought of ever communicating his observations to the world, to lose no time in obtaining a copy.

As a specimen of the manner in which it proposes to have diseases studied, we subjoin the following extract:

Throat, etc. Uvula:—Length; form; thickness; direction of its axis;—surface, smooth, glazed; color—œdematous; flaccid; abscess sloughing; ulcers; vesicles; exudation, etc.

Soft Palate:—(Particulars as *Uvula*).

Fauces:—Size of opening; state of pillars (particulars as *Uvula*).—*Pain*: its direction;—other sensations, con-

striction, dryness, etc.;—tactile sensibility, increased, diminished.—Noisy respiration; snoring.

Tonsils:—Swelling and tenderness externally —Position of tonsils; distance between them;—size; form; consistence; fluctuating;—tender to touch;—color;—surface; dry, moist, smooth, glazed, uneven; openings on surface; —œdema; abscess; sloughing; ulcers; secretions and exudations on surface.

Pharynx:—Size of cavity;—apparent thickness of membrane; smooth, glazed, granulated; dry, moist;—vessels apprently full;—its color;—"stains."—Secretions; exudations; blood on surface.—Œdema; bogginess; fluctuation; abscesses; tumors; sloughing; ulcers, and other destructions of substance; cicatrices.—Condition of follicles.—Projections from posterior nares into cavity.—*Abnormal sensations* in pharynx; burning, dryness, constriction, etc. Tenderness.

Œsophagus:—Swelling in neck externally.—Examination with bougie; obstruction to passage, its seat; can it be overcome by moderate pressure?—Signs of dilatation and sacculation?—Is any thing visible during retching?—*Pain* in course of gullet, during swallowing, or at other times;—sense of constriction, burning, globus, etc.

Deglutition:—Pain during the act: its seat, extent, duration, character.—Deglutition difficult; period of act at which difficulty is perceived;—attempt to swallow productive of sense of suffocation, or spasm of muscles of throat or pharynx;—is difficulty greatest with solids or liquids?—what matters are swallowed most easily?—is a large gulp of liquid swallowed more easily than a small one?—has the patient any contrivance for rendering the act easier?—does the act produce cough?—do swallowed matters return by nostrils?—is the act affected by temperature of matters?—is the site of obstruction distinct to patient, and how?—is deglutition favored by a recumbent posture? Frequently or constantly repeated efforts at deglutition.

Regurgitation:—Period after swallowing at which it occurs, attended with effort, anxiety, or nausea? accompanied by any stethoscopic sound?—Physical characters of regurgigated matters; their reäction.

ART. IX.—*Atlas of Pathological Histology.* By DR. GOTTLIEB GLUGE, Professor of Physiology and Pathological Anatomy in the University of Bruxelles, Member of the Royal Academy of Bruxelles, &c. Translated from the German by JOSEPH LEIDY, M. D., Pathologist to St. Joseph's Hospital, Philadelphia, Fellow of the College of Physicians, Philadelphia, Honorary Fellow of the Medical Society of Virginia, Corresponding Member of the Biological Society of Paris, &c., &c.

"No apology," says the Translator in his preface, "can be necessary for presenting to the Medical profession in the United States, the translation of a work upon a subject, relatively so new to the Science of Medicine as Pathological Histology. Its importance to Pathological Anatomy, is of the same character as normal histology is to normal anatomy, and this cannot be better represented than by referring to the great and permanent advance which Physiology has made in its relation to the physical structure of the organs of the living body. Pathological Anatomy also is beyond doubt of the highest value in medicine, for a scientific treatment of disease must, of necessity, depend to a very considerable extent upon our knowledge of material changes which are so frequently the source of those symptoms which indicate its existence.

The present volume of Gluge, originally appended to his great work on Pathological Anatomy, besides illustrating the various subjects of pathological histology, accompanied by copious references, will be found of particular interest from the light which is thrown upon the inflammatory process, and its various attendant and accessory phenomena."

We are very sure that such of our brethren as are interested in the matters treated of in this work, will not only agree with the Translator that "no apology" is "necessary for presenting it to the medical profession in the United States," but will join us in heartily thanking

him for doing so.—It is such men as the Author who add most to the *Science* of Medicine.

Patient, careful and laborious in observing, faithful, precise and minute in recording, the results of their toil always instruct, always profit.

We are aware of the objections sometimes proclaimed aloud—oftener murmured lowly or vaguely insinuated against the practical utility of microscopic investigations in the study of morbid and cadaveric phenomena. We are aware too of the proclivity of many minds continually to exalt the *new* at the expense of the *old*, without duly weighing and carefully collating and comparing each—and to find in each successive track of medical investigation flowery paths and verdant fields, and purling brooks and leafy shades, without thinking once of poisonous berries and venomous reptiles and hidden and deceitful enchantments, and profitless if not dangerous wanderings.

In the pursuit of no other science can there be found so many progressionists and so many ultra conservatists, as in the science of Medicine. Multitudes of its devotees are the worst kind of old Fogies—multitudes are no less blind, perverse and obstinate in their enthusiasm for progression. The former will not voluntarily allow science to make a solitary advance; the latter will have her go over a precipice rather than not go at all. The former, unwilling themselves to push on, sneer at and deride the tottering steps of those who try to walk under the heavy burden—the latter thinking to help, in their officious, inconsiderate and misdirected enthusiasm, do but stumble and fall, and sometimes drag down the abler, steadier carriers with them.

Something of the spirit which animates this latter class, has repeatedly exhibited itself in reference to this very subject:—indeed, there are those who place more reliance upon the revelations of the microscope than upon any

other thing whatsoever. Such, it seems to us, are no better, if not worse, than those who see neither beauty nor knowledge nor profit, so far as medical science and art are concerned, in all the pictures painted on the field of every instrument in existence. These but oppose a progress which is irresistible—but sneer at facts which can bear sneering—slight discoveries which can bear slighting—deride realities which can laugh derision to scorn, and reject truths, the rejection of which involves loss mainly to the unbelievers. Those, on the contrary, in thinking to add to the temple of science, build walls which the winds of scrutiny overthrow, rear spires which the lightnings of intellect strike to the earth, and add roofs which the fire of reason utterly consumes—and lo! is left, not a grander, more beautiful and more magnificent edifice, but the same, blackened a little by the fire, and encumbered with heaps of rubbish.

To leave metaphors, we think the *real value* of this kind of investigation has been much underrated by many, and the *results* much overrated by a few:—the latter by those who expect to find herein the elements of diseases—the proximate cause and real essence: the former who forget or have never taken the trouble to inform themselves of what has really been done in this way, and now look forward hopefully to the full development through the separate steps of progress, all imperfect and some unreal.

It is certainly true that Physiology has been a very great gainer by microscopic researches. It is equally true, we think that Pathology as yet has not. While we admit, with the Translator, that "pathological anatomy is beyond doubt of the highest value in medicine," we are constrained to deny the implication that any "great and permanent advance" has been made in our pathological knowledge by the use of the microscope. We have been told many things about many curious sights, to be seen by bringing into the field discovered particles, but all that

we have been told, has not as yet added one iota to the real value of our medical knowledge. And while we look forward with an assured belief to the evolution of something true and tangible from the chaotic mass of discoveries, real and assumed, hereafter to be and heretofore presented to our notice, we never expect that from this source Pathology and Pathological Anatomy will so much benefit as Physiology and Normal Anatomy has done and will do.

This expectation is founded in the fact that the difficulties which beset the study of the latter, are, in one respect at least, different in kind and greater in degree than those which embarrass the former, viz. in this—the more varying nature and relations of diseased than of healthy elements.

Nevertheless something really has been done—surely something more will be. And in this belief and this confident expectation, we are glad that this most interesting work has been made accessible to us. Interesting it is to every body, and important to all who are engaged in conducting such researches—or who seek information on this subject from reliable sources.

The Volume contains text and plates.—

The text is divided into seven sections, treating of *Development of the elements of tissues*, in which are elaborately discussed, all formations and the development of fibres. 2nd. *The elements of the tissues combined in perfect and imperfect tissues and arranged according to the processes of disease*, in which are considered the two classes of tissues imperfectly developed—cytoblastema, nucleoli, nuclei and celles: the transition forms to perfect tissues and those so perfected. 3d. *Formation of Blastema*, embracing nutrition, secretion: Inflammation and its terminations: Congestion; Hyperannia and Stasis, their causes: Pus in general, its formation,—the diagnosis of pus corpuscles: the chemical relation and its varieties;—and Granulation and Cicatrization. 4th. *The histological metamorphosis of*

the blood, within the arteries, veins and heart and exterior bloodvessels. 5th. *Pyæmia*, under which are treated, the conditions of Pyæmia, the purulent dyscrasia with "observations" on each. 6th. *Gangrene.* 7th. *Observations on Histology*, relative to Stasis and exudation, Calcification, Atheroma, Cysto-Sarcoma, Colloid Cysto-Steatoma, Albuminous Sarcoma, Cancer—its transition forms and degeneration, Enteritis, Typhoid fever, scarlatina and Glanders.

The plates are twelve in number—the aggregate figures amounting to more than three hundred. The first plate contains forty seven of these, illustrating the transformation of the blood, exudation, corpuscles and pus. The second, thirty eight, of Granulation, Hyperæmia and Exudation. The third illustrating Steatosis, twenty. The fourth, Ossification, twenty six. The fifth, Cells, fibres and cell-fibres in tumors, forty two. The sixth. Formation of fibres and cells in Cancer, nineteen. The seventh, formation of cells, Cancer and Pigment, twenty five. The eigth, Intestinal glands and Epithelia in Typhus and Scarlatina, seventeen. The ninth, Glands and Epithelia in Cholera, twenty six. The tenth, eleventh, and twelfth, Entozoa, Epizoa, Epithelia, &c., fifty four.

We are glad to be able to commend, and that in somewhat emphatic terms, the mechanical execution, both print and plates of this work. The latter are far better than the common run of plates as found in our medical books—plates of which the best that can be said usually, is, that they are wholly unlike what they are supposed to represent, as well as to the last degree coarse and slovenly as works of art. These are not so.

The volume begins with an introductory chapter containing five tables "of the magnitude and weight of the organs of man in the normal and abnormal conditions," with remarks and "observations"—all of very great in-

terest—to us, more than any other part of the work, which as a whole we especially commend to our readers.

Art. X.—*Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia.* 1852-3.

We are indebted to the intelligent Superintendant and Physician, Dr. John M. Galt, for a copy of the report on the condition and prospects of the Eastern Lunatic Asylum of Virginia. The number of patients in the Asylum since the 30th of September, 1851, has been 247. Among these, there have been 16 deaths—12 males and 4 females. At present, the number of patients is 211. The deaths have occurred chiefly among the old and incurable cases, and mostly from diarrhea, which, according to Millingen, "is one of the most frequent and fatal complications of insanity."

"Of the discharges seventeen, ten females and seven males, were under the head of recoveries. Two of the males were very much improved, and indeed returned to their accustomed avocations in life soon after their discharge. In nearly all asylums for the insane, there is such an arrangement as to patients, that there must be left within their confines a mass largely predominating in number, constituting as it were the *debris* of successive years, and which are almost wholly incurable. The number of recoveries then depends pretty much upon the number of receptions during a given time. Thus the distinguished physician of a very large and very celebrated English institution stated in one of his reports, that at the beginning of the official year, the 1st of October, there were 975 patients in the asylum, and that of this large number there were not probably forty curable cases. Whilst the able physician of the Ohio state asylum says in his last report, that at the commencement of the year there were three hundred and one patients in that institution, and that the prospect of recovery in two hundred of them was "very remote." Then again, the character of the receptions materially varies the ultimate

result—the comparative number of recent and curable, and of old and incurable cases. Moreover, in some institutions, only a certain class of patients are received. Thus, in two of the London hospitals, all persons were rejected 'who had been insane more than a year, those affected by paralysis and epilepsy, and the aged and feeble.'"

ART. XI.—*A System of Practical Surgery, By* WILLIAM FERGUSSON, F. R. S., Professor of Surgery in King's College, London; Surgeon to King's College Hospital; and Surgeon to H. R. H. Prince Albert. Fourth American from the third and enlarged London edition, with three hundred and ninety-three illustrations. Philadelphia, Blanchard & Lea, 1853: 8vo., pp. 621.

On all sides, the System of Surgery by Professor Fergusson is admitted to be one of the most complete and valuable ever given to the public. The experience of the author, extending over thirty years, enables him to speak with confidence on all the points of practical surgery. His work is, therefore, no production of the closet, but the fruits of his own observation in hospitals and his large private practice. We do not remember a volume in the study of which the reader will find more aid from the illustrations; the wood cuts are very numerous, and are exceedingly well executed. Beginning with "Instruments, incisions, dissections and operations," everything is exhibited to the eye that is susceptible of demonstration, and the student may read this chapter with the feeling that he comprehends every operative process described.

Prof. F. speaks warmly of anæsthesia in operative surgery, as "a vast and important change," by which, "instead of wild outcries or stifled screams and groans," the patient may be made to lie as quietly as if in a calm sleep." He thinks "it is not saying too much when this discovery is characterized as the greatest, in most respects, which

has been made in the province of surgery." We agree with him in this opinion; but as there are many practitioners who still hesitate about the propriety of using anæsthetics in surgery, we quote from him on this subject.

"While the custom of rendering patients insensible to pain, during the performance of surgical operations, has rapidly gained an undoubted and sure position, there have been various quesions and drawbacks regarding it, many of which are, even at the present day, of great practical importance. Several deaths have occurred, to all appearance, directly from the anæsthetic agents, or the mode of their administration, and there has been much discussion on both these points. In the early application of ether, a complicated apparatus was used, but soon it was found that by holding over the patient's nostrils and mouth, a handkerchief, napkin, or piece of sponge, moistened with a few drops of the anæsthetic, the desired effect was speedily produced, and, to this day, perhaps the majority of those who use the agent are content with this mode of administering it. From the commencement it has been the custom of most surgeons in large operating practice, to have the agent administered by some one whose sole attention might be given to its physiological effects on the patient, during the performance of the operation; and among those who have performed this most important duty, there are few so extensiveely experienced as Dr. Snow. This gentleman, who is justly deemed our highest authority on the subject of anæsthesia in surgical operations, is in the habit of using an apparatus, as he is of opinion that there is less danger and more certainty thereby than with a napkin. There are different views on this subject, however, which need not be discussed here, and it may be sufficient to say that in whatever way the agent is called into use, its powers are fraught with subtle and imminent danger, unless the greatest caution be taken. For my own part, I think it of little consequence by what means the agent is administered, provided there be a fair proportion of atmospheric air admitted to the lungs at the same time, or that there be a facility of admitting it, when the influence of the chloroform, or whatever agent is employed, seems too powerful.

"At one time it was supposed that certain states of the constitution, certain conditions of the disease, or affections of certain organs, must preclude anæsthesia in surgical operations, but experience has shown that these fears have all been groundless. The age of a patient forms no objection to its use, for it may be given during the first few weeks of life, or at the latest imaginable dat . Nor does it appear that positive disease of any organ forms an insuperable objection to its use. There are certain circumstances in the state of the constitution which will deter the surgeon from performing any important surgical operation, and in such instances the propriety of anæsthesia need never be discussed; but as a general answer to all questions on this score, I am disposed to say, that in whatever case a sugeon may consider an operation justifiable, the use of chloroform (this is named as the agent in most common use) is equally justifiable. If the operation be of minor importance, and of momentary duration, especially if the patient be courageous, and perhaps averse to the practice, the surgeon need say little on the subject; but in all cases where much and protracted suffering is likely, chloroform should be recommended. It will not only save pain, but avert shock, and, provided the agent be properly administered, it will render the surgeon's duties more easy of accomplishment. There are few operations in which its use is not admissible and advantageous. In operations for cataract, especially by extraction, it is likely to prove injurious; as there is no certainty as to the movements of the eyeball and lid for some time after. I have used chloroform for the removal of tonsils, in young persons, but the operation is difficult, and if the patient will keep steady otherwise, it had better not be sued. In staphyloraphy, the co operation of the patient is so essential that I deem chloroform inadmissible. It has been supposed that there is danger from blood trickling into the larynx and trachea in operations under chloroform. In one instance, in the early days of chloroform, I took some alarm on this score, in a case where blood was trickling from the posterior nares into the trachea and causing cough, but I feel now certain that there was no just cause of apprehension. I have since repeatedly removed both upper and lower jaw, and done many other operations, involving considerable hemorrhage to-

wards the throat, but have never seen any more inconvenience from such a cause than if chloroform had not been used. It has happened repeatedly in former times, that persons have died during the performance of operations. Mental emotion, shock, hemorrhage, have each and all had their influence; but, notwithstanding the various instances in which death has happened under chloroform, it may be doubted if sudden death, during operation, has occurred so frequently since the introduction of anæsthesia, as prior to that date. In my own experience I have twice seen patients under chloroform in great jeopardy—one of these had a protracted operation performed for resection of a joint, and possibly a similar state of prostration might have resulted without the use of this agent. In the other instance, tracheotomy was required for disease of the larynx, and under the chloroform, respiration became so slow and difficult that it was feared the patient would die on the instant, before the operation could be executed. When the trachea was opened he immediately breathed more freely, and speedily rallied from his alarming condition.

"I was certainly more impressed with the danger in this instance than in any other that I had seen; but Dr. Snow, who administered the chloroform, did not participate in my fears. The immediate effect of tracheotomy corroborates the view entertained by Ricord and others, that this proceeding may be resorted to with advantage when there seems danger from chloroform. When death has occurred seemingly from this agent it has been immediate, and chloroform leaves the system so speedily, that if the patient has once become conscious I doubt if death could ever be attributed to this cause. Chlofoform has no influence whatever either in retarding or accelerating the healing of a wound. We have no statistical data on this subject, but altogether the impression on my mind is, that a patient is better off with chloroform both under and after an operation than if he were without it. When an operation is contemplated under chloroform, almost the only precaution worthy of being taken is, that food should be avoided for several hours before, as chloroform on a full stomach is almost certin to induce sickness. So much has been written on the subject of chloroform since its introduction that I deem it unnecessary to say much

more regarding it at present, and I trust from what has been stated, that it will be understood that, with the few exceptions above made, and such others as might incidentally arise, the use of this agent is recommended as an invariable accompaniment of all surgical operations involving pain.

"The quantity of chloroform required for different patients is very variable. A few drops may suffice for some, while drachms may be needful for others, and generally the amount will be in proportion to the duration of the operation. Some persons take it kindly, even greedily, others make great objections and resistance to its use, both while conscious and unconscious, but all can be at last so thoroughly overpowered by its influence that, compatible with respiration and circulation, the greatest imaginable quietness can be obtained. There is very little effect on the pulse in such cases; sometimes it is slightly excited at first, and if the dose be very potent, it may become slow and weak. There is greater effect on respiration. In some, in the early stages, the movements are rapid, and there seems an eagerness to fill the lungs with the vapor. In others a tickling cough is excited. In many, the full effect is induced with as slight a perceptible change as if sleep had suddenly come on, but in many others great irregularity in the respiratory movements ensues, and much cerebral excitement is induced. Rapid breathing may happen, as already mentioned, but the reverse may be the case, and the power of inspiration may suddenly seem to have ceased. For many seconds there may be no seeming attempt at respiration, but at last a deep breath is usually taken which makes amends for the previous cessation. The cerebral excitement is evinced by crying, bawling, singing, laughing, incoherent talking, and with many there seems some prevailing idea which calls forth unusual and often great muscular action. Some strike forcibly with the fists, and with no seeming want of skill; others use their lower extremities, and others again make such violent general struggles as necessitate the greatest muscular exertion in those around to keep them steady. Often these violent struggles, and the temporary cessation of respiration fall together, and to those not accustomed to such scenes, it appears as if immediate dissolution were impending; but in all such cases a little more of the vapor

induces all that quietude which is characteristic of its full effect for the surgeon's purposes. There are various ways in which it may be decided that this period has arrived. Muscular relaxation is one of the best, but perhaps there is no test equal to that of touching the surface of the eyeball with the point of the finger. If there be any indication of feeling, the proper time has not arrived; if the contrary, then the surgeon may proceed. The agent must be administered during the operation as may seem necessary, and it is best to continue its influence until all risk of pain, at the time of operation or dressing, has passed. In most instances it is highly desirable that the patient should be placed on a bed before awaking from his anæsthetic trance. In many cases much mental and bodily suffering may be avoided by administering the chloroform before the patient is moved from bed. In painful diseases of joints, such as of the knee, there is often great suffering in carrying the patient to the operating table, which may, however, be avoided by using chloroform before he is disturbed. Some patients become conscious in a few minutes after the surgeon has ceased his work, while others remain for a longer period as if in calm sleep. In certain instances headache and general uneasiness are complained of for hours or even days after chloroform; but in the majority of cases the effects are slightly if at all felt when consciousness returns."

In the chapter which succeeds, on "the means and instruments for suppressing hemorrhage," there is the same amplitude of illustration—every procedure is exhibited as well as described. He remarks on the means of arresting that troublesome hemorrhage which sometimes follows operations—"the oozing of blood from veins or arteries:"

"Cold air, solutions of spirits of wine, of tinctures, of turpentine, of various salts, such as the acetate of lead, sulphate of alum, of zinc, or of copper, nitrate of silver, caustic potash, even the actual cautery, have all been used for this purpose. From time to time pretended specifics have been used, also; but with these, as was the case with the famous styptic of Brossard, the agaric, pressure seems invariably to be the main agent; and doubtless it

would, if properly applied in a severe hemorrhage, be equally efficient without the aid of the mysterious and empirical supposed styptic. Cold air, or cold water, will generally prove successful in ordinary cases, and the cautery will arrest bleeding from very large vessels; but unless these run in bone, or cannot be commanded in any other way, it is now a-days seldom used for such purposes. Any of the medicated fluids enumerated above, used diluted or otherwise, will prove stypticlal in all ordinary oozings. Sometimes they are merely allowed to come in contact with the surface; on other occasions they are combined with pressure, the latter being applied by means of sponge or lint, kept on by the hand or by a bandage. In all instances, the practitioner should bear in mind the favorable influence of keeping the bleeding part above the level of the heart if possible, nor should he forget the remarkable effects of the acetate of lead when used internally in such cases, as well as the peculiar influence of digitalis over the heart's action.

"In many instances the surgeon is obliged to trust to one or the other of these means; but I need scarcely repeat, that when the bleeding is profuse, and when ligatures can be used with propriety, they should generally be preferred."

On the subject of abscess Prof. Fergusson remarks:

"It is, I imagine, too much the custom to allow matter to be discharged naturally. In most parts of the body, if the suppuration be deep seated, the matter may extend widely, and do much harm by the separation of textures, ere it can reach the surface; and even when it does so, and is discharged through some small opening, it rarely happens that the interior of the abscess closes entirely; a discharge continues long afterwards, and ultimately the interference of the surgeon is required. From this it may seem that I am averse to leaving such cases entirely to nature; occasionally the surgeon cannot do otherwise, and sometimes, even with all his care, matter will burst forth when he does not expect it. If an abscess in the perinium, for example, be left for a day or two, under the supposition that the delay will be advantageous, even though it may be intended to use the knife to open it, the practitioner is often amazed to find that the matter has, in

the lapse of four-and twenty hours, made an exit through the skin or mucous membrane in the vicinity of the anus, —yet it seldom happens in such instances, that the knife is not ultimately required.

"The period for giving exit to matter will vary according to circumstances. Thus, if it be extensively diffused, as in phlegmonous erysipelas, where it may separate the skin from the textures underneath to a most injurious degree, the sooner a free vent to the matter is given, so much the better; and here, too, if the knife be used, there seems an additional advantage, as has been pointed out by Mr. Lawrence, in the loss of blood occasioned by the division of engorged vessels: again, if the pressure of matter seems to produce great pain, or if its continued presence is likely in any way to occasion additional harm, such as by bursting into any cavity, laying bare a portion of bone, or of a large vessel; or if from being under an aponeurosis, there is greater chance of its being diffused beneath that membrane than making its way to the surface, then it should be permitted to escape through an incision made at an early period. However, excepting under these or other equally pressing circumstances, I must declare myself an advocate for delay in opening abscesses. Besides the hope, though it may be but slender, of absorption occurring, I am of opinion that in ordinary abscess, a bubo, for instance, if an opening is not made until the matter has approached near to the surface, the subsequent progress of the case is much more rapid and satisfactory, provided that a proper opening be made. I have seen a good deal of the practice of making early openings, and have invariably observed that more pain was thereby induced, and seemingly too, an additional amount of suppuration, whilst the after-treatment has been remarkably tedious. My opinion has already been stated in a preceding page, that in some instances the occurrence of suppuration actually produces an amelioration of many of the distressing accompaniments of inflamation; but if, before the process has gone almost to its full extent, any incision be made into the affected parts, the injury thereby inflicted upon them will, to say the least of it, be a most untimely interference. That in all instances of suppurative inflammation this is not the case, may be readily admitted; and the examples cited above, to inculcate the necessity for an ear-

ly opening, will show that I entertain many exceptions; but in the case of bubo in the groin, or other such abscess, I am decidedly inclined to delay, until the parts over the matter become much thinner than they may have been at first, or, in other words, until the fluid has come nearer to the surface, and perhaps actually threatens to burst forth."

In the treatment of Erysipelas, while our author holds constitutional remedies to be necessary, he has but "little faith in those which are said by some to check the progress of the disease in a sudden, specific and mysterious manner," as the Nitrate of Silver locally applied. He says:

"It cannot be denied that erythema and simple erysipelas have disappeared under the use of such means, but it does not follow that the cure is to be attributed to them; doubtless in many instances the circumstance has been overlooked, that these conditions, so soon as they are developed, have a natural tendency to disappear, and it is probably in such cases that the marvelous effects of these measures have been evinced. Treat two cases, or any equal numbers of a similar affection, one with nitrate of silver, another with such remedies as have been recommended for inflammation, and in all probability the results will be nearly alike under either method; in one, however, there will be no pretence of suddenly arresting the progress of the disease, which must of necessity run a certain course, whilst with the other there is an affectation of power on the part of the surgeon, which, in reality, he does not possess. Similar objections may be raised to the use of flour or chalk, or smearing the part with mercurial ointment; the two former seem occasionally to have a cooling effect, and moreover they absorb the moisture, which is exuded in the form of cuticular bullæ or vessicles, in many cases of erysipelas; and the latter, with most equivocal merits, has the disadvantage of being a most filthy mode of treatment. I imagine that the heating influence of flour may probably be greater than the cooling, and can see little benefit in the absorbing effect of this material, of chalk, or of any other similar remedy When fluid is actually present, and when such means is used, a dirty cake is generally formed on the surface, which, if not soon removed, often proves a source of irritation; the secretion, forming

a vesicle, becomes semi-purulent, and thus the supposed remedy becomes an evil. In excoriations of surface, slight inflammations from certain apparent sources of irritation, such as may be noticed in very fat children, or even grown up persons, or from urine coming constantly in contact with the skin during any period of life, there may be no particular objection to the remedies in question, although in all such cases attention to cleanliness, and a proper change of dressings may be equally conducive to good; but in erysipelas they are often, I imagine, worse than useless, and in the cases where they are said to have been useful it may be doubted if the disease has really been present, or if so, whether it has not got well in spite of such applications. Very recently it had been the custom with some to apply collodion in such cases, which, it is said, has acted with admirable effect. In all probability the above remarks are equally applicable here."

The treatment of Aneurism by pressure is favorably considered, as harmless when judiciously applied, affording the patient a chance of recovery without an operation and not diminishing his chances in the last resort. Prof. F. remarks:

"Since these remarks were published in the last edition of this work, the treatment of aneurism by compression has attracted further attention, and the results, in the hands of the Dublin surgeons especially, have placed the success of the practice beyond doubt. Much credit is due to Dr. Bellingham, of Dublin, for the attention he has paid to this interesting subject, and Mr. Tufnell, of the same city, is not less worthy of praise. The latter gentleman has published a most admirable treatise upon it, and Dr. Bellingham's most recent views have been published in a short paper on the Treatment of Popliteal Aneurism by Compression, in the thirty-fourth volume of the Transactions of the Royal Medical and Chirurgical Society, 1851. From this paper it appears that 36 cases of external aneurism had been treated in this manner in Dublin, during the preceding seven years. To use Dr. Bellingham's own words, 'in 29 of these a cure was effected by compression; of the remaining 7 cases the artery was tied in 2, the patients recovering. In 1, pressure was discontinued, the aneurism subsequently diminished in size, and

the patient had the perfect use of the limb for three years, when symptoms of aneurism of the aorta supervened and compelled him to give up his employment. In 2, the limb was amputated, the patients recovering; and in the remaining 2, death occurred, in one from pulmonary disease, in the other from a severe attack of erysipelas; but, in both, the local disease was very nearly cured, the aneurismal sacs being almost completely filled by fibrine deposited in concentric layers.' In not one of these cases can it be said that evil resulted from pressure. If erysipelas was the result of the interference of the surgeon, it was more likely the sequence of the galvano-puncture, which was resorted to in this instance in conjunction with compression, than from the pressure. These 36 cases were treated by 21 different surgeons, and both numbers give fair practical inference of what may be expected from a continuance of the practice among surgeons generally. The method has been tried frequently by others than the Dublin surgeons, but as yet we have no data from their cases to form any positive conclusions regarding it. Many instances have been mentioned to me wherein it has failed, but I have heard of many more in which it has been successful; and if Dr. Bellingham's Table—which, as we learn from the Dublin Medical Press, for December 3, 1851, has since been increased to 62 cases—be contrasted with some of those showing the results of ligature of the femoral artery in the hands of the various surgeons, the balance seems greatly in favor of compression. It has been ascertained by Dr. Norris, that of 188 cases, in which the operation was performed, 46 died, the majority of this number being from causes directly attributable to the use of the knife. In 6 of the cases of recovery in the above list, amputation of the limb was required. Of 119 cases of popliteal aneurism collected in a tabular form by Dr. Crisp, 16 died, and in 6 of those wherein recovery took place, amputation was resorted to. So far as our comparatively limited experience in the method by pressure, as followed by the Dublin surgeons, will enable us to form an estimate of its value, it seems in many respects, if not in all, preferable to that by deligation of the main artery; and there seems these great advantages in it, that if it does not act satisfactorily, the Hunterian operation may still be resorted to, with as much probability of success.

ever, while by its application none of those formidable dangers are incurred, which are the well known consequences of the application of the ligature. The difficulties and immediate dangers of a cutting operation are avoided. It may seem strange to make use of such language in the present day, as applicable to ligature of the superficial femoral artery—for that I assume to be the vessel meant by the unfortunately vague term of "femoral;" nevertheless, when it is known that great difficulties have been experienced in such a proceeding, even by hospital surgeons and teachers of surgery, and that the accompanying great vein has been wounded by different operators, the facts cannot be overlooked. Mr. Syme states, in the Edinburgh Monthly Journal of Medical Science for November, 1851, that he has tied the superficial femoral artery twenty times without a fatal issue, and with perfect success, and both he and his patients may be congratulated on such satisfactory results; but the Tables above referred to show no such average success: and when it is borne in mind that the attempt at cure by pressure does not preclude the resource of the ligature, it seems to me that, with the ample evidence before us of the great success which has attended the modern practice by this means, the surgeon should undoubtedly give it trial, ere he resorts to the knife.—Unquestionably the evil result of the Hunterian operation, in regard to ligature of the superficial femoral artery, has in many instances resulted from the defective or injurious style of operation, but the same may be said of certain examples where pressure has failed. Granting both of these statements to be correct, it cannot be overlooked that ligature of the superficial femoral artery, done to the perfection of human skill, has nevertheless been followed with the worst possible results. I have seen Mr. Syme perform the operation repeatedly with admirable skill and precision in all points, and the results have been all that could be desired; but I have seen many others, and among them I may name the late Mr. Liston, perform the same operation, with an equal amount of tact and judgment, yet the results have been very different. With pressure, surgery has still further resources, but with the ligature the fate of the case is, for a time, placed almost, if not quite, beyond human power; and doubtless the surgeons of Dublin who have resorted to this practice (many of whom

stand among the highest of those who have graced the annals of the profession) have duly considered all these points."

On the subject of removing malignant tumors, our author has the following observations:

"My own experience coincides entirely with that of every unprejudiced observer, that when malignant growths are removed with the knife their return is but too likely; nevertheless, as excision gives the only chance of security —a point on which most parties seem to agree—an operation should always be resorted to, provided the knife can be carried beyond the supposed limits of the disease; and, moreover, I deem it one of the duties of the practitioner to urge the patient to submit to such a proceeding. Many imagine that one time will be as good as another for such a purpose, and most will be pleased to put off the evil day; but if our professional education does not tell us how to cure such diseases by less harsh measures, it enables us, at all events, to foresee the threatened danger, and to warn the patient of it at an early period.

"When the growth is supposed to be non-malignant, there is less imperative necessity for interference. Thus in a fatty tumour, or one of an encysted character, the decision may be almost allowed to rest with the patient. The latter form is frequently met with on the scalp, and the fatty often acquires an immense size, so as to produce marked disfiguration, and perhaps inconvenience, both from its bulk and weight. If, however, the patient is willing to put up with such conditions, it is not incumbent on the surgeon to press an operation, as he should in an instance of malignant affection.

"In all cases of a doubtful nature, if the circumstances are otherwise favorable, I beleive that the surgeon best does his duty who recommends an operation. In inculcating this practice, I by no means wish it understood that the knife is to be the immediate expedient; on the contrary, in the early stages of tumours, whenever such measures can be resorted to as may be supposed to cause absorption, they should have a fair trial; but when such plans fail, as they will almost invariably do, and if there is reason to suppose that the further continuance of the disease will be detrimental to health, I deem the practitioner high-

ly culpable who still tampers with it, and persists in placing faith in either local applications or constitutional remedies.

"Under the supposition that the vessels in a part where tumour first begins are preternaturally excited, it is customary to apply leeches in the neighbourhood; counter-irritation is afterwards resorted to, on similar views to those which lead to the employment of such a remedy in deep seated inflammation. The plan of tying one or more of the enlarged arteries leading to the disease, as in the case of bronchocele, and thereby directly cutting off some of its channels of supply, has also been put into execution, probably on similar principles.

"The various local means which have been used on these occasions, are much the same as those already referred to in describing the treatment of inflammation and some of its consequences, and I need not, therefore enumerate them again. Iodine is the remedy in which most faith has been placed for the last twenty or thirty years; but I am free to confess, and deem it my duty to do so, that I have never in one single instance seen an organized adventitious growth removed by it. I have already stated my conviction that large swellings of serum, lymph, blood and pus, may gradually disappear,—be absorbed as we say in common language,—and firmly believe that on many occasions iodine, used internally, but particularly externally, produces more decided effects in some of these instances, than any other means we know of. Hydrocele, hydrophthalmia, effusions into joints, cysts (though rarely), enlargements of glands, such as the lymphatic or the thyroid, even gelatinous alterations of synovial membranes, will all disappear under the use of iodine; but I may challenge any one to produce a single case where an exostosis, a scirrhus, a medullary sarcoma or a fatty tumour, has been removed by its influence. I am myself a great admirer of iodine in its different forms, and often wonder whether the remedy has not suffered in character from the overweening confidence of some of the zealous advocates for its supposed extraordinary powers; in numerous instances where improvement has taken place during its use, I fear that, as in the case of many other so called specifics, there has been too little note taken of those changes, both local

and constitutional, which are the results of time and other circumstances."

We have thus presented our readers with a few extracts from this excellent treatise, rather than written a review of it; but from these they will be able to form their own judgments as to the manner in which the author handles his subject. If the impression made by them is not eminently favorable, we beg them to believe that it is because the extracts are too short and are read under the disadvantage of being disconnected. It is with the most entire conviction of the value of the volume and of its perfect adaptation to the wants of the student and practitioner, that we heartily commend it to our professional brethren, of whatever age or amount of experience.

ART. XII.—*Illustrations of Syphilitic Disease.* By PHILIP RICORD, D. M. P., Chirurgien De L'Hôpital Des Vènériens (Hôpital Du Midi), Chevalier de la Légion D'Honneur et de la Couronne de Chêne, Lauréat de L'Institut de France, (Académie des Sciences), Membre de diverses Sociétes Savantes, Nationales et Etrangres. Translated from the French by THOMAS F. BETTON, M. D., M. A. N. S., Fellow of the College of Physicians, of Philadelphia, etc. With the addition of a History of Syphilis, and a complete bibliography and Formulary of Remedies. Collected and arranged, by PAUL B. GODDARD, M. D. With 50 large quarto plates, comprising 117 beautifully colored illustrations. Philadelphia, 1852. A. Hart, late Carey & Hart; 4to., pp. 359.

This work is eminently French, although not entirely the production of a Frenchman. The introduction is such as we should expect to find in a French book. The history of Syphilis is French; the illustrations are of a character that could be devised and executed in few places other than the French Capital. Dr. Goddard's additions unquestionably enhance the value of the original work, and he is confident that "the finish and coloring"

of the American edition "are fully equal to the original French copy." They are certainly very life-like. We can hardly see how they could be rendered more truthful. As the student looks upon them, he has the disease before him, and not those caricatures which for so long a time passed current in the profession as representatives of Syphilis. Ricord took great pains to secure perfect illustrations, and when he had got them executed he pronounced them "the most graphic and beautiful delineations which have ever appeared in a medical work."

This is a work that to be appreciated must be seen—a notice will give but a poor conception of the materials composing it. It is demonstrative, and the reader must have the illustrations as well as the text under his eye.

It is a costly work, and many practitioners who may be desirous of studying it will find it inconvenient to incur the expense of its purchase; but the plan of forming clubs, which is obtaining more and more in the country, will obviate this difficulty. This great work of Ricord, the highest authority on Syphilitic diseases, will find its appropriate place in all such libraries, and ought to be accessible to all practitioners who are in the way of treating such disorders.

Art. XIII.—*Manual of Physiology*, by William Senhouse Kirkes, m. d., Licentiate of the Royal College of Physicians; Registrar and Demonstrator of Morbid Anatomy, at St. Bartholomew's Hospital. Assisted by James Paget, f. r. s., Lecturer on General Anatomy and Physiology at St. Bartholomew's Hospital. Second American from the second London edition, with 165 illustrations. Philadelphia, Blanchard & Lea, 1853. 12mo pp. 568.

In some respects, the physiology of Kirkes & Paget is unrivalled in the English language. It will not compare with Carpenter's Principles of Human Physiology in full-

ness of detail, but it is not inferior to that admirable work in the qualities of clearness, accuracy, good arrangement, and fidelity to the facts of the science, while its brevity is a recommendation as a text-book for students. We have already more than once borne testimony to the excellence of Dr. Carpenter's physiological works, and we could not say anything that would add to their popularity; but the great size to which his 'Human Phisiology' has grown renders it somewhat unwieldy. It is becoming unmanageable as a manual, and as such must give place to the less ambitious, but hardly less complete treatise of Kirkes and Paget. In this treatise, physiology is presented in its most modern guise, and with sufficient detail to make every subject intelligible, and to give to the work all the interest that will be found in larger treatises.

The publishers of Carpenter have done well to issue this "Manual;" the two works do not interfere with each other, and the practitioner as well as the student of medicine may read both with advantage. The facts of physiological science possess the highest interest for the physician, and we are glad that works in which they are placed in so captivating a light are now accessible to every member of the profession. Of the practical bearing of physiology upon medicine let us, in concluding this brief notice, give a single illustration, afforded by recent researches into the constitution of human urine.

It has been understood that the urine is variable as to its reaction; at one time acid, at another alkaline; that it is affected by disease and by diet; and remedies have often been addressed with a view to the correction of what was deemed a constant condition of the fluid. Recently it has been discovered that the condition of the urine is a most variable one, and that its acidity is inversely as that of the stomach, decreasing for a time after taking food, reaching the minimum from three to five hours after a meal, and frequently giving place to an alkaline reaction. Its maxi-

mum acidity is after a fast of some hours, when the condition of the stomach is neutral. If the individual continue to fast, the state of the urine remains stationary for ten or twelve hours. The stomach being habitually acid keeps the urine in an alkaline condition and favors urinary concretions. The acid reaction of the urine is due to the presence of acid phosphate of soda.

From this example we see that if the urine were examined at one hour, an inference would be drawn as to therapeutics the opposite to that which a subsequent investigation would authorise.

ART. XIV.—*The Druggist's General Receipt Book;* Comprising a copious Veterinary Formulary, and Table of Veterinary Materia Medica; numerous recipes of patent and proprietary medicines, druggist's nostrums, etc: Perfumery and Cosmetics; beverages, dietetic articles, and condiments; trade chemicals, &c. With an appendix of useful tables. By HENRY BEASLEY. Second American from the last London edition, corrected and enlarged. Philadelphia: Lindsay & Blakiston: 1853. 12mo. pp. 472.

The character of this compendious little volume will be seen by a glance at the title-page; it is a receipt book, in which matter relating to almost every topic pertaining to pharmacy may be found, and much, doubtless, which every man may occasionally find it convenient to understand. We hope none of our readers will be deterred from purchasing it by the mention of "patent medicines and druggist's nostrums" in the title-page. It is well enough to know what is the composition of these articles, and this, so far as his acquaintance enables him, Mr. Beasley has given in his book. We believe that druggists will find it a very valuable hand-book, and that other than druggists may derive much useful information from it.

ART.—XV.—*Handbook of Natural Philosophy.* By DIONYSIUS LARDNER, D. C. L., Formerly Professor of Natural Philosophy and Astronomy in University College, London. Illustrated by upwards of 200 engravings on wood. Philadelphia: Blanchard and Lea, 1853: 12 mo., pp. 451.

The author of this little volume is extensively known as a lucid, forcible, well-informed writer on subjects of Natural Philosophy. In this work he treats on Heat, Magnetism and Electricity, common and voltaic, and in one which is to follow, purposes to treat of Astronomy and Meteorology. To such as have entered upon the active pursuits of business, and are still desirous "to sustain and improve their knowledge of the general truths of physics, and of those laws by which the stability and order of the material world are maintained," it must prove an acceptable manual. Of such persons there is a large number in our profession—men too busy with the active duties of life to read much general science, but too inquisitive to allow all its vast discoveries to pass by them unheeded; and for them a treatise like the one before us is just the work required. The table of contents is so full that no trouble will be experienced in turning to any subject discussed in it, at the same time that the language is so clear and the illustrations so perfect that every point will be easily understood.

ART. XVI.—*Natural Theology.* A Valedictory Lecture, delivered to the class of students in the Medical College of Ohio, in the Department of Chemistry, February 24th, 1853, by JOHN LOCKE, M. D., Professor of Chemistry and Pharmacy.

Professor Locke has distinguished himself in several walks of Natural Science, and ranks among the profound and original thinkers of his country. He has impressed

himself upon the science of the age, and will be mentioned respectfully in coming time as one who labored successfully for its advancement. Whether it will prove that he has made any substantial additions to the science of Natural Theology by the discourse before us, we shall not undertake to say. It is not often that men excel in departments of human knowledge so wide apart as physics and theology. The great mind of Newton failed to master both domains, and by the weakness displayed in his theological speculations, it has been said he afforded to other men some sort of compensation for his incomparable superiority to them in astronomy. Dr. Locke may not have materially strengthened the argument of Paley and Brougham, but he has brought forward new facts and illustrations, and the presentation of the subject to his pupils in the light in which he has studied it, can hardly fail to impress their minds with its elevation and importance.—Medicine, as he justly observes, "is a study of the laws of our Creator," and it should be the aim of every teacher to exhibit our profession in these its highest and most sacred relations.

"In a certain sense," he remarks, "these halls are consecrated, not only to science, but to the purposes of religion and divinity. God is truth, and all truth, especially physical truth, is a part of himself, and a part of his revelation to man. In this sense, the demonstration table becomes a sacred altar, and this hall of science, a temple dedicated to his service. Experiments are the visible evidence of his presence, of his wisdom, and of his power. It is true, the circumstances do not permit us, currently, to apply all of these things to the purposes of ethical divinity, nor would this course be well timed, towards the audience, at each lecture. But at the close of a great work of instruction, we may be permitted to say, it is God's work, and not ours. We may be permitted to thank him for the manifestations of himself, which he has made through these works; for the capacity which he has given us, for comprehending his glorious and wise laws, and for the power which he has given, of applying

the knowledge derived from him, to the benevolent purpose of relieving the sufferings of our fellow beings."

Dr. Locke has been long a teacher of youth, and such words come with a peculiar grace from one who has had so much experience in the realities and the vanities of life.

ART. XVII.—*On the Alteration of the Taste in Paralysis of the Facial Nerve.* By M. CLAUDE BERNARD, Lecturer on Physiology at the College of France. Translated from the French by HOWELL L. THOMAS, M. D.

In this memoir, M. Bernard cites examples going to establish a connection frequently remarked by observers between the facial nerve and the sense of taste. The author attempts a physiological explanation of the phenomenon, which is not "a complete abolition of gustation, but a simple diminution and sort of perversion in this faculty."

"It is to be observed that this sensorial modification is independent of the tactile sensibility of the mucous surface of the tongue which does not suffer any diminution. In relation to its seat, the alteration of taste, limited to the anterior two thirds of the tongue, only manifests itself upon the half of the tongue which corresponds to the hemiplegic side. And as a main character, it follows exactly the march of the other symptoms of the facial paralysis, since it appears and disappears *pari passu* with them. These symptoms will always serve to distinguish the alteration of taste due to the influence of the facial nerve from that which might depend upon a concomitant lesion of the fifth pair. Thus it is unquestionable that it is in a lesion of the facial nerve that we must search for the anatomical reason for the alteration of taste of which we are now treating. Anatomically speaking, there is but one branch of the facial nerve which can be invoked for this explanation; this is the chorda tympani which, after traversing its singular course through the internal ear, unites and confounds itself with the lingual nerve. The experiments upon living animals are demonstrative

in this respect. If the facial nerve of a dog be cut above the origin of the chorda tympani, or if this nervious filament is isolated by seizing it in its passage through the internal ear by means of a small crochet introduced by the external meatus, you can determine with the animal the same gustative diminution, with the characters above described.

Without reconsidering the experiments of this nature which we have reported at length elsewhere, we will limit ourselves to referring to their results in regard to the pathological phenomena observed in man. From the summary of these facts, we think we can infer with certainty, 1st, that the alteration of taste will be wanting in facial hemiplegia whenever the paralysing cause, whatever it may be, affects the facial nerve below the emergence of the chorda tympani in such a way as not to compromise the action of this nervous filament; 2d, that the sensorial symptom, on the contrary, will constantly exist when the paralysing cause is seated sufficiently high in the course of the seventh pair to destroy the function of the chorda tympani. We understand then that all the causes of facial paralysis which have their seat or point of departure in the internal ear must necessarily compromise this nervous thread and produce the alteration of taste; The observations 1, 2 and 3 furnish examples of this kind. Thus prthology and physiology accord in explaining how we may have facial paralysis with or without alteration of taste, according as the chorda tympani is implicated or not. Moreover, as the tympanitic branch is free and isolated in its passage through the cavity of the tympanum, it may be conceived that certain causes, traumatic or others, destroying or isolating this nerve, may produce only perversion of taste, without any symptom of facial paralysis. This fact may be easily proved by experiment upon the living animal."

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

Case of Excision of the Scapula. By S. D. Gross, M. D., Professor of Surgery in the Medical Department of the University of Louisville.—Mathew Gracey, aged forty, a gentleman of small stature and delicate frame, of a nervous temperament, and a merchant by occupation, of Eddyville, Caldwell County, Kentucky, applied to me in September, 1850, on account of an enormous tumour of the right shoulder, which he had first perceived about nine years before. His general health had always been good, and was so at the time of his visit. He was not conscious that his shoulder had ever received any injury, and no disease of a similar kind ever existed in any member of his family.

The tumor was fifteen inches in its vertical diameter, and fifteen inches and a half in the transverse. Its surface was perfectly smooth, except at one point, a little above its centre, where it was slightly tuberculated. It was hard and incompressible in its entire extent; the skin was perfectly sound, and there was no enlargement of the subcutaneous veins. By taking hold of it, it could be moved about from side to side, and lifted somewhat from the subjacent parts. Its superior limit corresponded with the shoulder-joint, anteriorly it projected into the axilla, and below it reached as far down as the ninth rib. Pressure upon the tumor produced no pain or uneasiness, except at its upper extremity, near the edge of the tra-

pezius, where it was, and had been, quite tender for some time. During the last three months, the swelling has been the seat of a dull, heavy, aching pain, extending up the neck, and down the right arm as low as the elbow, most distressing at night, and always aggravated by the recumbent posture, probably in consequence of the pressure of the bed. The patient was unable to raise the corresponding limb without the aid of the sound one, and the shoulder was sensibly dragged forward towards the axilla by the weight of the tumor. The outline of the scapula could be distinctly traced only behind and above.

The tumor had increased rapidly within the last twelve months, and had, in great measure, disqualified Mr. Gracey for the active duties of his vocation. Four years ago, when he first consulted me respecting it, and when I strongly advised an operation for its removal, it was scarcely the size of a large fist, and entirely free from pain and inconvenience.

Having prepared my patient's system by purgatives, rest, and a properly regulated diet, I performed the operation of excision, on the 26th of September, in the presence of my friend Dr. James Johnston, Professors Miller and Rogers, and Drs. Colescott, Raphael, Thomson, Trabue, Clark, Washington, and Murray. A full dose of chloroform having been administered, an incision sixteen inches in length, was made from the superior angle of the scapula to the inferior extremity of the tumor, its direction being obliquely downwards and inwards. Another, beginning about five inches below the upper end of the first, and terminating about the same distance from its lower end, was then carried, in a curvilinear direction, so as to include the small oval flap of skin with the tubercle, previously alluded to, in its centre. The integuments, which were exceedingly dense and thick, especially at the superior part of the tumor, were then dissected off from the surface of the morbid growth, first towards the spine, and then towards the axilla. Having detached the elevator and trapezius muscles, I sawed through the acromion process of the scapula just behind the clavicle, and then divided the broad dorsal and anterior serrated muscles. Carrying my fingers next underneath the tumor, and raising it up, I severed its connections with the ribs,

cut the deltoid and other muscles of the arm, sawed the neck of the scapula, and thus removed the entire mass with comparatively little difficulty.

Several vessels were divided in the early stage of the operation, at the posterior and middle part of the tumor; but these were easily controlled by the fingers of my assistants. Several arteries near the neck of the bone bled so freely as to demand the ligature after the removal of the morbid growth. About twenty-four ounces of blood were lost. The patient became very faint towards the close of the operation, and cordials were necessary to revive him.

The immense wound thus produced was dressed with three interrupted sutures and adhesive strips, and supported by a compress and a broad body bandage. The patient was placed in bed, and immediately took one grain of morphia.

At 4 o'clock in the afternoon there was a slight oozing of blood from the wound, and the patient complained of the tightness of the dressings, which, however, were found to be sufficiently loose. He had taken half a grain more of morphia, had slept some, and was free from pain: the pulse was 76, and of good volume; and there was no nausea, urgent thirst, or restlessness. On the following evening, September 27, the patient having slight traumatic fever, was ordered ten grains of calomel with one of opium and one of ipecacuanha, to be followed in the morning by castor-oil.

No untoward symptoms of any kind occured after the operation; nearly the whole wound healed by the first intention; and, at the end of three weeks, my patient went home with every prospect of a long and prosperous life. In descending the Ohio River, however, which was at that time exceedingly low, and which caused his detention upon the way for nearly a fortnight, he took a severe cold, from the effects of which he never completely recovered. A harassing cough set in accompanied by all the symptoms of pleuro pneumonia, which were followed, about the middle of December, by those of hectic fever, under which he gradually sank, three months after the operation.

Soon after Mr. Gracey reached home, a small fungus was noticed in the course of the lower angle of the

wound, which gradually increased in size, was very red and painful, occasionally bled a little, and obstinately resisted every effort that was made to heal it by his physicians, Drs. Carson and Champion. The latter of these gentlemen writes thus in relation to my patient's general illness:—

"When Mr. Gracey got home, he had a severe cough, which he thought depended upon cold he had caught in descending the Ohio River. The cough continued to increase, becoming more and more annoying, and was soon followed by severe pains, of a pleuritic character, in the chest. These pains frequently lasted for hours at a time, and generally required morphia for their relief; in the intervals, the lungs were always much embarrassed, the respiration being quick and hurried. His suffering, in fact, was constant; he had no appetite, an could not sleep, except when under the influence of anodynes. He became excessively emaciated, and a few days before he expired his reason gave way."

It is to be regretted that no *post-mortem* examination was made, as this would, at once, have revealed the true state of the thoracic viscera, and shown whether there was any cancerous disease at the side of the fungus, or elsewhere. If Mr. Gracey really had pleuro-pneumonia, as was supposed by his attendants, and if this disease, contracted while he was detained on board a steamboat, was neglected, it is not improbable that the fungous growth was not of a specific character, but the effect merely of ordinary unhealthy action.

The neck and glenoid cavity of the scapula were perfectly sound, as were also the various muscles connected with the tumor, the posterior surface of which was covered by the spinate muscles, in a state of great expansion and attenuation. The morbid mass weighed seven pounds and two ounces immediately after its removal, and belongs to the kind of structure, usually, though vaguely, denominated osteo-sarcomatous.

Purging, to prevent Traumatic Inflammation.—Prof. Mettauer, in the *Virginia Medical and Surgical Journal*, has an interesting paper on the prophylaxis of traumatic inflammation, from which we copy the following:

"In support of the efficacy of early purging, after capital surgical operations, in preventing traumatic inflammation, I will state that I have operated for stone in the bladder seventy-nine times, and out of this number I purged seventy-five of the patients in from five to twelve hours after the operation, and in not a solitary instance did inflammation occur in any degree beyond what was neccessary for the healing of the wound. In some of these cases the calculi were of such large size as to require to be crushed before they could be extracted, while others were large enough to render extraction difficult, in either case neccessarily subjecting the bladder to more or less injury. The only cases I have lost were the four I did not purge. I have from this statement, prevented traumatic inflammation in seventy-five lithotomy patients by early purging, all of whom experienced rapid recoveries; while I have lost four who were not purged.

"I have operated for ascites fifty-eight times, and some of the serous accumulations were very large, one exceeding ten gallons. I purged in every case from five to twelve hours after the operation, without inflammation succeeding in but a solitary instance; and in this, paracentesis seemed to aggravate the pre-existing phlogosis induced by catarrh. I have purged in a few hours after reducing strangulated hernia in thirty cases, and succeeded in preventing inflammation in every instance. In fourteen cases of vesico-vaginal fistula, for which I have successfully operated, I was enabled by early purging to avert inflammation in every instance and some of the cases were very bad ones, requiring that the bladder should be extensively irritated by the operation. I have operated for more than two hundred cases of stricture, and by early purging undue inflammation was prevented in every instance, and perfect cures followed. Besides the cases here referred to, I have, in hundreds of instances, purged early after severe surgical operations, and uniformly with the effect of averting undue degrees of inflammation, or of preventing phlogosis altogether. It is true other measures were also employed in many instances, in connection or alternation with purging, but they were of secondary importance, and merely used as auxiliaries or as temporizers."

On the Influence of Noxious Effluvia on the Origin and Propagation of Epidemic Diseases.—Although some diversity of opinion prevails among medical men in reference to epidemic disease, especially on the subject of contagion, all are agreed as to the noxious influence of overcrowding, defective ventilation, and other similar defects, prevalent in populous districts. It has occured to me, that, without entering into the wide field connected with the nature and operation of noxious effluvia in general, it might not be altogether unprofitable if some elucidation of the facts which have fallen under my observation, both as regards the causation of, and exemption from epidemic disease, were laid before the members of tnis Soc ety. No one is more ready than myself to subscribe to the doctrine so well enunciated by my friend, Dr. Carpenter, in his valuable paper "On the predisposing Causes of Epidemics," that it is not simply the collection and tabulation of facts, nor even mere empirical generalization, that will suffice; it is the principles and laws springing out of them which are demanded, if sanitary investigations are to be raised to the rank of a science. But fully recognising this as constituting the great aim and end of all these researches, and not forgetting the large amount of practical knowledge acquired of late years, it yet appears to me that there is abundant room and ample reason for elucidating evidence. Many points of prime importance to the public health as to matters of fact are still in much uncertainty. Doubts relating to agents assumed by sanitary inquirers to be deleterious still linger in the profession, and by no means only among its least distinguished or influential members. The exact operation of animal effluvia, of a cesspool atmosphere, of excessive moisture,—conditions often combined in the miserable courts and alleys of our large towns,—is by no means fully ascertained. Extended inquiries of late years have abundantly proved that the same deleterious agents operate as predisposing causes in regard to the whole class of zymotic diseases; that what will develope the exciting cause of fever will also develope scarlatina, small-pox, diarrhœa, or cholera. So certain and notorious is this fact to those who practise among the poor, that before the outbreak of any epidemic, knowing where the predisposing causes are rife, they can fore-

tell the precise localities where it will occur, nay, even name the alley or point to the exact house that will suffer. Such considerations have long induced me to conclude, that in regard to zymotic affections, the predisposing are infinitely more important than what are called the immediate or exciting causes. In regard to low fever, for example, it is certain that its efficient cause, the *materies morbi*, is never absent from London and other large towns; and yet it is rarely, many would say never, developed, unless there be superadded to it some predisposing cause. So true is this, that we not only daily see in the metropolis and elsewhere hundreds and thousands of persons living in the front streets exempt from typhoid fever, while the inhabitants of the wretched courts behind are scarcely ever free from it; but if by chance a given number of persons are planted in the very centre of an epidemic district, but freed from the predisposing causes of zymotic affections, they also, as a rule, will still escape.

"*On the Influence of Human Effluvia.*—According to my observation, the most injurious of all the causes operating on the diffusion of epidemic diseases, are the effluvia proceeding from the human body, particularly from the lungs and skin. The special deleterious agent consists of the effete, and, as it has been proved experimentally, highly putrescent organic matter, mingled with the expired air. That it is, when reintroduced into the living body, highly injurious, might be inferred from the very fact of the careful provision made by nature for its incessant elimination from the system. That it is small in amount is no objection to the intensity of its action; for, to the physiologist it is well known that a minute quantity of a powerful agent—the putrid matter introduced on the point of a needle in the inspection of a dead body, a single drop of concentrated prussic acid placed in the mouth of an animal, is sufficient to destroy life. It is in overcrowded bedrooms, in unventilated schools, workhouse dormitories, &c. that this effete matter taints the air, and, entering the blood, poisons the system. Although there is a great diminution in the amount of carbonic acid in the air evolved in the lungs, still the evil, quoad the development of fever, scarlatina, cholera, and so forth, depends on the organic, not the chemical products of respiration." The learned author referred to

some experiments proving the truth of this assertion: He then continued: "It is, however familiar to all practitioners, that human effluvia specially exhibit their poisonous influence when either multitudes of human beings are crowded together, or where a smaller number are placed in confined and unventilated sleeping-places. Many instances of the influence thus exerted on all kinds of epidemic disease, have come under my notice, but only a few illustrative examples can here be adduced. The following case illustrates the effect of overcrowding in respect to cholera. During the epidemic of 1849, the inmates of a reformatory establishment for young women suffered intensely from the pestilence, 40 out of a total of 96 being attacked, and 15, or rather more than 15 per cent., falling victims to the disease. Now, these poor sufferers were previously in perfect health; they were well fed, well clothed, and carefully attended; but the dormitories were low and much crowded; the windows, for the sake of seclusion, were partly closed up, thus greatly interfering with the ventilation. After a careful investigation, I could detect no other cause than this for the sudden outbreak occurring at a period when there was little cholera in the neighborhood. As regards the influence of overcrowding in the development of low fever, I may appeal to the experience of every medical practitioner whose duties call him much among the poor. It matters not whether we speak of the closely packed common lodging-house, of rows of houses built back to back, of the small, unventilated, and often single sleeping apartment of the mechanic, or of the ill-built cottages in rural districts, with their one bed room, overhanging thatch and small lattice, wherever, either from the presence of numbers or the absence of ventilation, you have the fetid sickening air generated by human effluvia, there assuredly you will find fever. Although observed especially among the poor, fever, as it occurs in this country, is not especially dependent on poverty and destitution. Want may, indeed, aggravate the evil, and actual famine, as we unhappily saw a few years ago in Ireland, may give immense development to typhus; but that persons well fed living in comfort, and strong in health, may suffer severely from low fever, is shown by a large experience. One of the best examples, perhaps, is furnished by the sailors belonging to the collier vessels

frequenting the Thames. These men, as a body, are in the prime of life, robust and well fed; but as I found by examining many of these vessels, the place where they sleep—the forecastle—is excessively small and confined, and with this serious additional evil, that as the hatchway is usually flush with the deck, whenever there is much sea, it becomes neccessary to close the hatchway, where the unfortunate sailors must be without any window, as if shut up in a close box. When, too, the vessels come to London, as only one man is required to keep watch at night, all the sailors are crowded at the same time into their closely-packed berths. Some years ago the attention of Mr. Busk, the distinguished surgeon of the seaman's hospital ship, was attracted to the large number of typhus cases which were admitted. In 1841, they amounted to 147; in 1842, to 167. It appeared that of all the vessels in the Thames, the colliers furnished the most fever cases. In investigating this question I could detect no other cause than the polluted air these men must have breathed in the confined forecastle. That there is nothing connected with a sailor's mode of life to expose him to typhus, is proved by the experience of well-managed vessels, and, as one among the many proofs which might be addueed, I may mention that Mr. Clark, who has made ten voyages to India as surgeon in Messrs Green's fine vessels had never had a single case of typhus." The author, after referring to the very great improvement in the health of those of the working classes who inhabit the model lodging-houses erected in different parts of the town by the Society for the Improvement of the Dwellings of the Laboring Poor, and to the highly satisfactory working of the admirable act carried by the exertions of the Earl of Shaftesbury for controlling common lodging-houses, said that his own experience of the deplorable conditions of these abodes corroborated the statements of Capt. Hay; all tended to show that such pestilential places were the habitats of disease, and the cause of enormous expense to the rate-payers.—*London Med. Times and Gaz.*

Absence of Fibrin in the Blood.—A singular case of *purpura hæmorrhagica* lately occurred in the wards of M. Hérard, of La Pitiè. The patient was 35 years of age, a gilder by profession. His general health was good; his constitution was strong; his temperament sanguine; he had recovered a fortnight since from an erysipelas of the face, which had exhibited nothing unusual in its progress or symptoms. On the 19th August, after a cold bath, he had a chill, followed by fever, headache, and violent pain in the loins. The 20th and 21st the disease augmented; the patient had nausea and vomiting. The 22d he went on foot to the hospital La Pitiè, where he was admitted. The interne of the ward, M. Labric, found him in the evening after his entrance with intense fever, headache, loss of appetite, a white tongue, and a pain in the loins of such severity that it extorted cries of anguish from the patient, and absorbed almost all of the other symptoms. For the rest, there was no watering of the eyes, nor coryza; no cough, no sore throat, no diarrhea. Here and there upon the face and limbs was an eruption, which gave rise to the suspicion of small pox, but the patient, besides having been vaccinated, asserted that these eruptions had existed for a long time.

The 24th the renal distress and headache were undiminished; the skin was hot, the pulse was full at 108. The conjunctivæ were ecchymosed; a great number of petechiæ covered the lower limbs and abdomen; they were confluent at the hypogaster, sparsely scattered over the breast and arms. Upon the legs, several spots of a bluish tinge denoted profound extravasations The gums were healthy; the patient has spit blood, and declares that his urine is bloody. Auscultation discovered diffused sub-crepitant râles. No appreciable alteration upon percussion. (Lemonade; venesection, ℥vj.; diet.) Immediate relief was experienced after the bleeding. Subsequently, several hours after, the patient complained all at once of a sensation of suffocation, and suddenly died.

Examination of the blood drawn from the vein.—The blood did not separate into clot and serum; it preserved, for 24 hours, a dark color, and a most remarkable state of fluidity. There was no trace of the buffy coat. Dr. Becquerel, who made the quantitative and qualitative

analysis, arrived at the following altogether unexpected results:

Fibrin.—After beating the liquid for quarter of an hour with a willow twig, it was impossible to discover the least atom of fibrin

Globules.—Same impossibility of separating the globules from the serum.

Density.—The density of the altered blood was 1053.56. In 1000 parts of blood, evaporation showed the quantity of water to be 803.84; the residue being icinerated, the solid constituents were 196.56.—*Bulletin de l'Académie. Va. Med. and Surg. Jour.*

Relations of Vaccination and Innoculation to Small-Pox.—From a very interesting and valuable paper upon this subject, communicated to the Epidemiological Society of London, by Dr. Waller Lewis, F. G. S., we take the following extracts. The author commenced by considering the various questions in regard to this disease, of which an elucidation is now anxiously called for. He then stated numerous cases illustrative of the protective power of vaccination, and of the superiority of vaccination to inoculation. He then referred to the probability of the fact that measles are rendered milder by vaccination.

"Joler has described an epidemic of measles that took place in Retzat Circle, in Bavaria, in the district where he himself resided. He says that the disease was much milder among the vaccinated than among the unvaccinated; 15 in 52 died among the non-vaccinated, while barely 1 in 300 died among the vaccinated, showing that measles was 86 times more fatal among the former than the latter."

Examples of imperfect vaccination were then dwelt upon, and the author expressed his opinion clearly and decidedly that where well marked cicatrices were not left, the operation should be accounted a failure, and should be repeated, although he owned that this was not the opinion held by many German and English physicians.

Vaccinating from re-vaccinated persons, from those who had been inoculated, and from such as had previously had smal-pox was strongly denounced, as vaccinia must be extremely modified in such cases. The author added:

"When we interest ourselves strongly in the propagation of vaccination, we must guard ourselves from furnishing arms to its adversaries. And is it not furnishing them with arms to employ a virus of which we are not certain?"

A most interesting collection of cases was then read, in which small-pox had attacked the same individual three or four times; among others, the following, that had come under the author's own attention, was narrated:

"Robert, D. a tradesman, living in North Audley st., had small-pox the first time at the time of his birth, his mother suffering from it at her confinement. He was attacked with the disease a second time when a boy at school, between nine and ten years of age. When 18 years of age, he took it, for the third time, from his sister, who died of it. All the attacks were severe, but the last the most so. He lost his hair and his nails, and the skin of his feet; he was blind for several days, and his life was despaired of. However, he is still alive, and not much disfigured. He was never vaccinated nor inoculated. I believe, if again exposed to the disease, he will take it again."

Cases were then adduced to show that several members of the same family appear sometimes to show great susceptibility to take the disease. The following curious case of small-pox in the lower animals was then adduced, the author adding, that any similar well attested cases would be very valuable additions to the facts collected by the Society on this subject:

"The following case was related to me by a lady of rank, on whose veracity I can place the greatest reliance. Some years ago, just after her confinement, she was seized with small-pox. It became necessary to have her breasts drawn, and, as no child could be obtained, recourse was had to a puppy, which answered the purpose. At the usual time the puppy sickened, and had the disease known by the name of the "distemper." It is said that vaccination, when successfully performed on puppies, will almost to a certainty prove a prophylactic against distemper."

Then followed some interesting cases of individuals who could be neither vaccinated nor inoculated. The last cases adduced were of individuals who appeared to have perfect immunity from small-pox.

"I have detailed the case of Robert D., who evidently possesses a strong innate susceptibility to the action of the small-pox virus, as shown in his having already taken the disease three several times. I have now to draw your attention to a case the most directly opposite to this. Strangely enough, it is that of his own brother, Thomas. From the elder brother Robert, as well as a sister, having taken the small pox, the parents believed that all their children must take the disease, and refused to have the subject of this case vaccinated or inoculated. He was accordingly exposed when a child to the contagion, lying in the same room with his sister, while she was suffering from the disease, as well as waiting on his brother in his second and third attacks. Although since that time he has been several times exposed to the contagion, he has never felt the slightest ill effects from it. * * * Examples of persons possessing a natural immunity from the disease are rather numerous. Dr. Jackson of Philadelphia, saw a man at the small-pox hospital, engaged in laying out and burying the dead, who had never had an attack of the disease. He had been frequently inoculated and vaccinated, but always unsuccessfully. Van Swieten speaks of a physician, 70 years of age, who had practised through numerous epidemics of the disease, but had never taken it. Diemerbrock states that immunity from small-pox was a privilege of his family. It was possessed, he asserts, by his grandfather, grandmother, his father, and himself."

The author drew the following deductions from the cases adduced:

"1. That vaccination is a most eminent protection against small-pox.

"2. That when perfectly performed it is almost, and, in some instances, more protective, than inoculation or small-pox itself.

"3. That it appears to render some exanthemata, *e. g.*, measles, milder than they would have been otherwise.

"4. That neither vaccination, inoculation, nor small-pox, guarantees the individual, in every instance from small-pox.

"5. That small-pox attacks some persons three times, or oftener.

"6. That there exist certain individuals who have perfect immunity from vaccination, inoculation, and small-pox.

"7. That great susceptibility to, or perfect immunity from, small-pox, is sometimes found to be common to several members of the same family."

Relations of Menstruation, Lactation, and Conception.—Dr. Robert Barnes, in a paper on this subject, in the February No. of the London Lancet, arrives at the following conclusions, based on the analysis of the histories of 100 women:

1. Lactation exercises a considerable influence in preventing menstruation and conception.
2. This influence appears to be marked and constant in some women, and to exist but feebly in others.
3. The influence of lactation in averting menstruation or conception, cannot, for the most part, be kept up longer than twelve months.
4. There is a close relation between the occurrence of menstruation, during suckling, and conception; that is, when menstruation appears during suckling, conception is very likely to follow.
5. When pregnancy takes place during suckling, and suckling is continued, abortion is very apt to follow.
6. The chief causes of the abortions brought about during suckling, are the revolt of the ovaria and uterus, evinced by the return of the menstrual nisus, and the deterioration of the mother's blood; to which must be added, superinduced disease of the ovum.
7. The practical conclusion that weaning should be enjoined, not only whensoever pregnancy takes place, but also whensoever menstruation returns.

Peculiar Case of Lithotomy; singular Nucleus for, and unusual Size of the Calculus.—The specimen was brought by Dr. Wm. G. Wheeler, of Chelsea, Mass., who performed the operation for its extraction.

Dr. Stedman exhibited the calculus, and gave the following account of the case, furnished by Dr. Wheeler:—

A female, 21 years of age, came under Dr. W.'s care a few months since; she had for a long time suffered severely; all the usual symptoms of stone in the bladder were undeniably present, and, indeed, very marked. A sound being introduced by Dr. W., the presence of a calculus was readily detected. The severity of the local symptoms, and the apparent large size of the stone were the circumstances chiefly engaging attention. The stone seemed immovable, judging by the impression communicated to the sound while examining; the sensation would perhaps convey the idea of the calculus being fixed at certain points. The patient complained occasionally of great pain in the pubic region, as if something sharp pierced the neck of the bladder. Dr. W. was unable to determine the exact size of the calculus. With the hope that it might be sufficiently soft to be crushed, the operation of lithotrity was attempted. With the assistance of Drs. Stedman, of Boston, and Ingalls, of U. S. Marine Hospital, Chelsea, two trials at crushing the stone were made unsuccessfully; the bladder was contracted and irritable, so as to allow of little or no distension by the injection of fluid; and, moreover, the stone proved to be hard, and of such size and shape that it could not be held or fixed within the grasp of the instruments. The constitutional symptoms, also, which followed each of the above attempts, were severe. Dr. W. feared lest inflammation might supervene, of fatal nature, after the last trial.

Disappointed as to lithotrity, the operation of lithotomy seemed the only resource. The case was plainly stated to the friends; a preparatory treatment adopted, and the operation urged. On the 1st of October, the patient, having consented, was etherized, and the operation done by Dr. W., assisted by Drs. Stedman and Ingalls. The vagino-vesical method was chosen, as offering apparently the best chance for the patient, on account of the situation of the stone and the contracted condition of the bladder. The patient being placed in the usual position, an incision was carried downwards and backwards upon the groove of the staff; the operator's forefinger, passed through this opening, felt the stone, of large size, and apparently fixed at certain points. Fears of a sacculated

condition of the bladder were suggested; farther exploration by the finger discovered a projecting point, which was at first supposed to be a sharp corner or tubercle of the calculus; but it was finally concluded that it was some foreign body which had served as a nucleus for the calcareous deposit. Efforts to break the stone failed; and, the position of the forceps being changed, one blade was passed over the sharp point alluded to, and after much difficulty, manipulation, and delay, a stone was extracted weighing over two ounces and three-quarters, and there was found passing obliquely *through its centre a large wire hair-pin*, measuring over three inches and a half in length. This pin, and the direction it had with regard to the incision, together with the size of the calculus, caused the delay and embarrassment in the extraction of the latter. Thus is also explained the seeming immobility of the stone at certain points.

The patient aurvives the operation, and has done remarkably well, with the exception that a small fistulous opening still remains. The local as well as the constitutional symptoms have been very mild, when compared with those which followed the previous attempts at lithotrity.

The history of the hair-pin is of some interest, as it gives a probable date of the commencemet of the formation of the calculus. Since the operation, the patient has stated that the pin *was introduced through the urethra aboat six years ago.* She never mentioned this fact to any one; preferring to suffer in silence. The foreign body caused some pain and uneasiness soon after its passage within the bladder, but no severe symptoms were manifested until about two years after its introduction, since which time they have gradually increased in severity

Dr. Charles T. Jackson analysed the stone, and found it to be composed mainly of phosphate of lime, coloured a little with urate of ammonia. The rough surface which the calculus presents is owing to the action of the instrument during the previous efforts to crush it. The points of the hair-pin were bent down upon the side of the stone by the blade of the forceps, thus facilitating the extraction of the mass, and also avoiding laceration of the bladder and adjacent parts, which had suffered so much from continued irritation.

Four months after the operation —Dr. W.'s patient is out,

and visits her friends; she has regained her usual health and strength. The fistula still remains, and has resisted all the usual modes of treatment; sutures have not been tried as yet, but will be attepted if required. A few weeks since, the opening seemed likely to close, as little or no water at one time escaped. From cold or some other exciting cause, a small abcess formed within or near the neck of the bladder, which, in evacuating its contents, reopened or enlarged the fistula again.—*American Journal Med. Seience.*

Use of Chloroform in Midwifery. By George N. Burwell, M. D., of Buffalo.—Total number of cases in which chloroform was given for a greater or less length of time,.....180

Number of cases where the relief obtained from the chloroform was decided,.....122

Number of cases where the relief was moderate,.....55

Number of cases where there was no relief,...3

Longest time in which it has been continuously administered to the patient,.....14¾ hours

Average duration of administration to each patient, about .....1 "

Number of cases which have been terminated by the forceps,.....17

do do of craniotomy,.....1

do do turning, ...1

do do first labor,.....88

do do still-born child'n (in 13 labors,) 14

do do flooding,.....7

do do inflammation, recovered,..5

do do do died,.....1

do do bad health, succeeding the confinement,.....25

Some remarks upon each of these points will be necessary to their full appreciation.

Of the cases in which the relief was decided.—Under this head I place those cases in which the pain was always greatly diminished, and occasionally all taken away. In

thirty-seven of these cases the patients were entirely insensible to the birth of the children. The remainder not only expressed themselves greatly relieved, but in most instances gave other evidence of it, as by calling for more of the remedy; going to sleep in the intervals of pain, and in many ways appearing quieter and easier. There were frequently in these cases terms of transient insensibility, or of delirum, after a fresh breathing of the chloroform; but I do not for that reason put them in the list of cases of total insensibility, as I place none there to whose insensibility there was not some depth and duration.

Of the cases in which the relief was moderate.—Under this head I classify, 1st: A few cases in which there was no call for the remedy; but little diminution of the cries or of the other appearances of suffering, and of course entire sensibility to the birth of the children. These, when taking it, if pressed for an answer, would say it relieved them: if asked if they wanted more, would say yes; but if I discontinued it, would not inquire for it. Were it not that I judged from their actions (they even occasionally going to sleep in the intervals of pain), I should say they obtained no relief. 2nd. I place here some who, on the contrary, have expressed greater relief than I have given them credit for. Judging rather from my impressions from the observation of the cases, and the small quantity of the chloroform they had taken, I concluded they expressed themselves too strongly, and therefore placed them on this list. 3rd. A large proportion of the cases classified here, are those who took the remedy only from five to fifteen or twenty minutes before the conclusion of the labor; and although relieved, had no opportunity of experiencing that decided relief, which the longer use of the remedy would have afforded.

Of the cases which derived no relief.—One was a large, hearty woman, in labor with her third child. She is always severely and tediously sick. I thought it a good case for the use of chloroform, but did not succeed in bringing her into a state of anaesthesia, nor would she acknowledge she derived the least relief from it. I thought I made a fair trial, having given a quantity that I know, by frequent trials, would have put me soundly asleep. The second case was one who had been sick for some weeks, and who tried her best to breath it; but with all the

instructions I could give her, she did not learn to inhale it freely. Still, two or three times I thought she got enough to have some effect; but as she said not, I declined giving more. In the third case I had an opportunity to make only a moderately good, but unsuccessful trial, when the birth of the child prevented further attempts.

Of the case in which chloroform was given for 14¾ hours.—It was that of a delicate woman with her first child. She had been nearly 2½ days in constant pain wnen its inhalation was commenced. She did not require much at a time to ease her pains. Three ounces were consumed, which, when we consider the length of time it was being given shows the smallness of the dose used. The labor was finally terminated with the forceps. The relief obtained from the chloroform during that tedious day may be judged of by her remark when I announced to her the neccesity for the use of the instruments: "well, doctor, just as you are of a mind to, if you will give me plenty of chloroform." It is hardly necessary to add that it was given according to her wishes, and the child taken away without there being, on her part, the least sensibility to the operation.

Of the seventeen Forcep cases.—Five were rendered totally insensible at the time of the operation. The delivery was rapid, requiring in each but two or three efforts at traction. In four cases chloroform was given during the operation, but not to full anaesthesia. In eight cases chloroform had been given some time during the progress of the labor. Four were cases of complication and danger, and it was discontinued that any unpleasant results which might happen should not be refered to it. In the remaining four cases the delivery was slow, and required my whole attention without the distraction which would result from watching also the use of cloroform.

Of the seventeen cases, fourteen were first labors.

Of the case of Craniotomy.—This was necessary on account of mal-position and impaction of the head within the pelvis. The woman, during a portion of the labor only, had chloroform, but with only partial relief, as it was not freely administered. None was given during the operation.

Of the case of Turning.—The following case of turning is the only one in which I have given chloroform. The

woman was a patient of Dr. Dayton, of Black Rock. He was hastily summoned to her in the morning of August 11th, 1849. He found that the waters had escaped while she was on the close stool, and the child's right hand was protruding into the world. The patient finding that something was wrong, and thinking herself certain to die, notwithstanding the Doctor's assurance of her entire safety, gave herself up to the most immoderate weeping, and other evidences of excessive grief. Dr. Dayton attempted to turn the child and deliver, but such was her restlessness and violent outcries, that he desisted and sent for me. It was four hours after the coming down of the hand before I reached the house. The woman had in a great measure got ove her alarm, and was waiting very patiently. There had been no return of pain during all this time. The prolapsed member was much swollen; a spasmodic contraction of fingers on my taking hold of the hand, proved the child to be living.

After having her properly placed, Dr. Dayton administered the chloroform slowly, but in a full dose, so she soon became entirely anaesthetized, when the sponge was removed. Not over twelve or fifteen minutes were occupied in turning and delivering the child. It was accomplished with great ease, although the limbs were so folded upon themselves that I had to reach into the very fundus of the womb before I could conveniently seize one limb. The child turned readily, and the arm gradually receded, but not entirely, until I had withdrawn the left foot (so the right hand and left foot were at the same instant without the vulva), and soon afterwards the child was delivered living. The patient laid in the most quiet manner all this time; she did not utter a single cry or moan. Once she became for an instant a little restless, but three or four additional inspirations of the chloroform perfectly quieted her. There was no perceivable contraction of the voluntary muscles during the delivery. The uterus contracted down well, and the after-birth was delivered in due time, and without hemorrhage. The patient did not wake from her sleep for some four or five minutes after the child was born. She recovered without a bad symptom.

It has been my lot a number of times to deliver by turning, but never before have I accomplished it, at the full

time, with one-half the ease and rapidity I was enabled to do in this case.

First labors—88 *cases.*—The large proportion of cases of first labor relative to the whole number of cases of labor, as they occur in ordinary practice, conclusively shows that in the choice of cases for the use of the remedy, I have been governed solely by their tediousness and severity. In but a few instances have I yielded to the wishes of my patients, and given it to those who were not suffering with considerable severity. In fact, except in refusing to give it in some cases where I apprehended sickness, I have never made any selection as such, of cases in which to administer it.

Still-born children—14 *cases.*—*One* was after delivery by craniotomy. *Two* were delivered putrid. One was an extraordinarily large child, which presented the breach where delivery was very slow, especially in the extraction of the head. Chloroform was not given at the time of delivery, nor had it been for an hour or more before. 1. *Two* were twins, at four or four and a half months. *One* died from prolapsus of the cord. *Two* were hydrocephalic children, and both with spina bifida. *One* was a child delivered by the forceps, and which had undoubtedly been dead for some hours. *One* died during a labor which was uncommonly severe and prolonged, from a slow dilation of the vagina and rigidity of the perineum. Chloroform was given for some nine hours. It was a first labor and the child was large. *Two* of the children were two or three months premature. In the second of these, death was undoubtedly caused by the separation of the placenta, which was the first and exciting cause of the labor itself. In the other, no cause can be given why the child was perfectly still-born, it being only two months premature. The *fourteenth* was a child also perfectly still-born, but in which no cause could be assigned.

Besides these, two children lived 24 and 36 hours, respectively, after birth. The first was an acephalous child (and curiously enough, this want of a brain has actually been laid to the chloroform), and the other was a case of severe labor, in which delivery was accomplished by the forceps. The child was badly asphyxiated, but after an hour's assiduous attention, got to breathing tolerably well;

but the next day it took spasms and died. Its pulse was never very perceptible at its wrist.

In judging of the effect of chloroform upon the child, the case of its use for 14¾ hours ought to be borne in mind, as well as a case in which it was given over five hours, and the patient's system became so saturated with it, that I detected it in her breath one hour after the conclusion of the labor. In both of these cases, the children cried out lustily the instant of birth.

Flooding after the use of chloroform—seven cases.—The cases of flooding admit of being divided into two classes; first, those in which it occurred before the delivery of the placenta, from its partial separation; and second, those which were caused by want of a firm, tonic contraction of the uterus. Three of the seven cases come under the first head, and four under the second. Of the first class, *one*, after a natural and easy labor, flooding frightfully. The flowing came on immediately on the birth of the child. Scarcely waiting to tie the cord, I introduced my hand, and delivered the placenta. The whole time from the delivery of the child to that of the placenta was scarcely three minutes; but the flooding was so severe, and the faintness so prolonged, that for an hour afterwards I was seriously alarmed lest I should lose my patient. She had had a similar flooding on the birth of the child before this, but had not informed me—this being the first time I had attended her. She got along very well for a few days, when she was attacked with phlegmasia dolens, which also she had had after the previous confinement, but when she did not have chloroform. The only reason chloroform was given this time was because she wanted it, and I saw no objections to her having it.

The second case was very similar to the first, except the flooding was not so severe, nor the faintness so great, nor was there any phlegmasia dolens.

The third case was one where the patient had been confined to her room by sickness for some days. Her labor proving tedious, and seemingly to her unbearable, notwithstanding her sickly condition, I gave her chloroform for two hours before the birth of the child. The flooding required the manual delivery of the placenta, after which, for an hour, there was quite a free discharge. Her own health was such that she was not allowed to nurse her

child, but after a rather tedious convalescence she quite recovered her health.

Of the four cases belonging to the second class, the first was very severe from the difficulty of securing the contraction of the uterus, and gave me considerable anxiety for a while. The labor had been severe, and she had taken pretty freely of chloroform. She was one who always flooded badly after labor, but which at the time, I did not know. In none of the three other cases was it severe enough to create anxiety, except in so far as we dislike to see such losses of blood from its likelihood to weaken our patients.

In August, 1849, I gave chloroform to a patient also subject to hemorrhage. It was her third confinement. She had flooded badly after each of the previous ones. I administered pretty freely of an infusion of ergot in the intervals of the pains, besides giving the chloroform, and succeeded both in preventing the flooding and in easing her pains.

Hysteritis after the use of chloroform—six cases.—In one case peritonitis supervened upon hysteritis, and the patient died six and a half days after labor. She was an exceedingly frail woman, and had suffered daily for six months before labor. Three or four times during this period, she had such severe and continued pain that she was thought certainly to be about to miscarry. Her labor was very sharp and painful. Chloroform was given with great relief for three hours before its termination. Once having experienced the relief it afforded, she would not do without it. She appeared very well the next day, except in having too great a warmth of surface and a pulse at one hundred. The next day after this she got severe pains through the pelvis, which rapidly extended over the bowels with all the signs of peritonitis. No efforts accomplished more than partially to relieve her. This is the only case within my experience which has proved fatal after taking chloroform.

One case had puerperal fever, but apparently uncomplicated with inflammation. The left groin was the only seat of any local pain. She was fully depleted and gradually recovered. She took chloroform for half an hour.

One case had hysteritis only moderately, and it was

easily controlled by remedies. She took chloroform freely for two hours.

Three had hysterits severely, and were all at some period of their sickness, in great danger. The one most severely sick took chloroform not over fifteen minutes, just at the close of the labor. Another was after the operation of craniotomy; chloroform had not been freely given. The last one of the three took chloroform for some hours, and was finally delivered with the forceps.

A case of phlegmasia dolens is referred to under the head of cases of flooding.

These are the only cases I have seen of inflammation of any of the internal organs of the body after the use of chloroform.

Of bad health after the use of chloroform—25 cases.—It has often been said that women do not have a good getting up after the use of chloroform. I have carefully scanned my list, for all, as far as I know, who have not done perfectly well after its use. I make out a list of 25 cases. These I classify as follows:

1st. Those who not only had been sick previous to confinement, but were sick at the time, 9 cases.

2d. Those who suffered afterwards from a great degree of constipation, 2 cases.)

3d. Those whose convalescence was protracted after flooding, 2 cases.

4th. Those who always became feeble when nursing, 1 case.

5th. Those who suffered from prolapsus uteri, 1 case.

6th. Those who had had long and severe labors and recovered slowly the first four or five weeks, 4 cases.

(Three of these were forceps cases.

7th. Those who were kept sick and feeble for three or four weeks from abscess of the breast, 2 cases.

8th. Those who were feeble after having had hysteritis, 4 cases.

Of these twenty-five cases, one died three years ago of epidemic dysentery (three months after having taken chloroform), and one died last summer of cholera (nine months after taking it). These are the only deaths in this list. Of the remainder, one is now suffering from a scrofulous abscess of the neck; it first showed itself six months after her confinement. Two have had some

cough, and both being of feeble constitutions, give me some anxiety about their future health. One has moved to the west, and I believe her to be well. The other 19 cases I know all to be in good health.

My own opinion is that in not one of these instances ought the ill health to be charged to the use of the chloroform.

I have seen many instructive illustrations of this disposition to refer any unpleasant symptom to the use of chloroform, of which two or three may as well be detailed here: A woman whom I was attending last summer wanted chloroform, but on account of her husband being fearful of its safety, it was not given. Two or three months afterwards she was complaining to me of her eyesight being dim, and said it had been so ever since her sickness. Had she taken chloroform, both herself and friends would, in all probability, have attributed it to that, and not the least weight would have been given to any doubts or denials I might have expressed or made.—Another, who was only prevented from taking it by my absence, had, two hours after the labor, a dizziness and entire loss of sight for a few minutes, which quite alarmed her. She confessed she would have attributed it all to chloroform had she taken it. I was lately consulted by a patient who is threatened with a rapid decline, and who refers the commencement of her ill health to the time of her first confinement. She has never since been as well as she was before. I was thankful she had not taken chloroform. The truth is, that like the mercurials and the sulphate of quinia, it will have to bear, both now and hereafter, a deal of obloquy and evil report wholly unmerrited.

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AMERICAN MEDICAL ASSOCIATION.

The sixth annual meeting of the *American Medical Association* took place in the Bleecker Street Presbyterian Church, New York, on Tuesday the 3rd instant. The attendance was unusually large. On taking the chair, the President, Dr. Welford, congratulated the members of the Association on the happy return of the anniversary, the thronged attendance of delegates from all parts of the Union, and the flattering prospects and advancement of the profession. Dr. F. Campbell Stewart, as Chairman of the Committee of Arrangements and Reception, then came forward and addressed the Association in the following terms :

Mr. President and Delegates—At the commencement of its annual meeting, permit the physicians of New York to congratulate the American Medical Association upon the recurrence of its anniversary. Seven years have elapsed since the preliminary meeting of the convention which recommended the organization of this national congress assembled here; and as New Yorkers, we indulge in a feeling of proud satisfaction at the triumphant success which has attended so important a movement, originating in our State. The labors of the learned body over which you, sir, now preside, have been most arduous; but the result has not disappointed the expectations of the friends of reform and of progress in our profession. Mighty objects are aimed at; important achievements

have been already accomplished and a guarantee is afforded of the eventual fulfilment of the desires of those whose aspirations for the advancement and perfection of medicine led them to propose the foundation of this association, which, representing the whole fraternity throughout our wide spread country, assembles annually for scientific discussion, and to consult upon matters pertaining to the general welfare of the entire faculty. The five published volumes of your "Transactions" afford abundant and conclusive evidence of the zeal by which they are actuated, and the ability which characterizes the scientific labors of your members. The meeting of this year has been generally anticipated with peculiar interest: an unusually large attendance has been expected; numerous papers will be presented; valuable reports are to be rendered, and much of your time will be required for the consideration of subjects of grave importance—hence I shall not now detain you longer than to assure you that your advent has been anxiously looked for by us, and your colleagues here have been desirous to manifest their appreciation of the cause in which you are engaged, and their estimation of the favor conferred by the Association in selecting this metropolis as the place for holding the present session. With the view of making suitable preparations for your reception and accommodation, they have delegated members from each of their societies and institutions, to co-operate with your Committee of Arrangements. It is, then, in the name of the united profession of New York, thus represented, that we tender you a sincere, a hearty, and a cordial welcome to our city.

The following table exhibits the representation of the States at this period of the proceedings;

States and Districts.	*No. of Delegates.*	*States and Districts.*	*No. of Delegates*
New York	132	Ohio	7
Massachusetts	44	Indiana	8
Pennsylvania	40	Missouri	6
Maryland	17	North Carolina	5
New Jersey	15	South Carolina	10
New Hampshire	11	Georgia	3
Virginia	14	Alabama	2
Rhode Island	12	Iowa	1
Connecticut	29	Delaware	2
Kentucky	5	Maine	4
Michigan	6	Vermont	6
Illinois	6	District of Columbia	5
Tennessee	3		
Total number of Delegates			390

The annual address of the President was well received. It was elaborate, and in the main the views were such as we can heartily endorse; in some of his positions we cannot concur. He took a review

of the history of the *status* of the medical profession in America from the early days of the republic—of the evils which rose from the competition of the infant colleges and chartered bodies, and the indiscriminate and ill judged issuing of charters by many of the State Legislatures. He congratulated the association upon the improvement which was now visible in these respects. He pressed upon the delegates the necessity which existed, professionally and philosophically, for exertion to secure an enactment rendering a uniform registry of marriages, births, and deaths, incumbent all over the land. The Legislature of Virginia had already set the example. The adulteration of drugs, both imported and of home manufacture, was well worthy their attention, and suitable State laws of prevention would be better than the federal act now in force.

Dr. Baillie, who was appointed Inspector at New York, made a startling statement relative to the fraud perpetrated in this way. Out of a million and a half of dollars worth of drugs entered at the Custom House, one half was useless or worthless. Rhubarb, jalap, iodine, and yellow bark were adulterated frightfully, and would have reached the stomachs and persons of the people but for the inspector. The number of talented papers and essays which had emanated from this body had tended to elevate the character of the profession in America, and afforded a complete answer to the assertions of some persons that the action of the body had the effect of propagating homœpathy and other delusions. The meeting here to-day was proof of the onward course of the profession, and practitioners from the crowded city and silent forest, from the frozen North and sunny South, from the mountain and the prairie, were before him, animated by a common anxiety for its honor and independence. The genius, the talent, and the energy of the profession should be concentrated by the organization of local and State societies. He would next allude to the present faulty mode in which licenses to practice medicine were granted, and the impunity with which men may assume the name of doctor, who are not endowed with talent for that high calling. A proper Board of Medical Examiners, having nothing to do with schools, should be instituted in each State, with power to demand that certificates of attendence upon a proper curiculum of study be produced by all candidates. This would improve the system of teaching in the schools as pupils would frequent schools affording the fullest conrse of instruction. In accordance with a resolution passed last year, he had deputed Dr. J. F. Lambe, of Pennsylvania, to report

to the body upon medical matters when traveling in Europe. Resignations of members of committees upon epidemics had taken place in North Carolina and Virginia He had the melancholy duty to announce to the delegates that since they last met, death had been amongst them, and taken away Doctors Drake and Horner, two of the most brilliant stars of the association. As he was now retiring from the Presidency, he would, as if with dying words, conjure the delegates to unite with ardor for the honor and dignity of the noble profession which they graced. (Applause.)

The nominating Committee recommended the following officers for the ensuing year, and they were unanimously elected:

PRESIDENT.

Doctor Jonathan Knight.....Connecticut

VICE PRESIDENTS.

Doctor Usher Parsons.....Rhode Island.
Doctor Lewis Condit.....New Jersey.
Doctor Henry R. Frost.....South Carolina.
Doctor H. L. Howard.....Ohio

SECRETARIES.

Doctor E. L. Beadle.....New York.
Doctor Edwin L. Lamoine.....Missouri.

TREASURER.

Doctor D. Francis Condie.....Pennsylvania.

Upon motion of Dr. Hopkins, (Maryland,) it was resolved that no speaker shall engage the attention of the meeting for a longer period than ten minutes at one time upon one subject, and that he shall not speak a second time upon the same subject without the permission of the meeting previously obtained.

Doctor Campbell Stewart moved that the Association do meet at 9 o'clock to-morrow morning and sit until 12; that a recess of an hour be then taken, and, after reassembling, that the members sit from 1 to 4 o,clock in the afternoon.

The second day's session commenced at 9 o'clock A. M. The Association was called to order by the president, Dr. Jonathan Knight, of New-Haven. The minutes of last meeting were read by Dr. Beadle, Secretary, which were approved. A reconsideration was moved by Dr. Cox of the report of the committee of Arrangements, in order to allow Drs. Bache and Pinckney, of the U. S. Navy, to take their seats as del-

egates by appointment of the chief of their bureau, when the following modification of the former resolution was put and carried:

Resolved, That the representatives of the Army and Navy shall be admitted as delegates to this Association when appointed by the chiefs of their respective bureaus.

The delegates were then admitted.

New delegates were announced, and admitted to the floor.

A number of gentlemen of the profession were invited to be present.

The President announced that it was in order to hear the reports of the several Standing Committees. The Secretary then proceeded to call them in the order in which they were registered.

Prof. Meigs, of the Jefferson School, Chairman of Committee on the Diseases of the Cervix Uteri, desired that his Report might not be read, as there were many persons present who did not belong to the profession, and he thought the subject of his Report was of a nature exclusively professional. Report referred to the Committee on Publication.

Dr. Condie, of Philadelphia, reported on Tubercular Diseases, that he was sorry to be unable to present his Report at this meeting, owing to the multiplicity of duties which the Society had imposed on him at its last meeting. He had paid a great deal of attention to this class of diseases, and such was the extent of the subject for investigation, by microscopic and other modes, that it would occupy him until next year to report fully. On motion, Committee continued to next annual meeting.

Reports from Committees on various other subjects were called for but there was no response.

Dr. Emerson, of Philadelphia, presented his report on "The Agency of Refrigeration produced by upward radiation of heat as an exciting cause of Disease;" Dr. Haase, and Dr. Ruschenberger, of Philadelphia, colleagues. The annexed is a brief abstract: The effect of it on the system by sudden reductions of temperature from exposure to various atmospheric influences, among which is prominent; terrestial or upward radiation of heat, the nature and laws of which require to be more generally known, to be properly guarded against. The inhabitants of cities suffer less than those of the country. From radiation persons exposed to the chilling influences of upward radiation during the night, in malarious districts, will, in all probability, contract the prevailing endemic or epidemic; or in the absence of a predisposition to disease of any particular form, will have diarrhea, rheumatism, or some other disease. While soldiers in malarious districts, who have had but the slightest shelter, have

been known to escape disease altogether, while those not so protected have suffered severely. The whole tendency of the Report is to show how an acquaintance with a single law of nature, may, by following out its relations, be made to shed a new light upon obscure subjects, and to lend to the correction of long-existing errors. The sanatory lesson designed to be inculcated is the great importance of gaurding against the refrigerating effects of *nocturnal radiation*, especially in sickly places and during epidemic periods.

Dr. Campbell, of Augusta, then reported on Typhoid Fever; the causes of this fever he traced to the lesions of the ganglionic system.

Dr. Atlee, of Lancaster, Penn., reported on the epidemics of New-Jersey, Delaware and Pennsylvania. He deprecated the difficulty of obtaining adequate cooperation in an investigation of this character; he was sorry that so much apathy was exhibited in a matter of such vital importance.

Dr. Sutton, of Kentucky, presented an abstract report on the epidemics of that State and Tennessee. Cholera, bilious fever, dysentery, typhus and typhoid fever, cholera infantum, and other diseases appearing in the different districts of the two States periodically, were treated under ten different heads.

Dr. Pitcher, of Detroit, Chairman of the Committee on Medical Education in the United States compared with Medical Education in other countries, reported.

They deprecated the prevalence of quackery in the United States, although somewhat diminished since the formation of this Association, and strongly urged the establishment, by Government, of Preparatory Medical Schools, which he thought might be readily accomplished; and in proof of which, and of the general excellence of such system, instanced the University of Michigan, which is of this character, and has carried out many suggestions of this Association. The report was received with applause, and the resolutions accompanying it were adopted.

Dr. Smith, of New York, Chairman of the Committee on Voluntary Essays, reported fifteen received, and premiums were awarded to the authors of the two following:

"On the Cell, its Physiology, Pathology," &c., by Dr. Waldo G. Burnett, of Boston.

"Fibrous Diseases of the Uterus, hitherto considered incurable," by Washington L. Atlee, of Philadelphia.

Dr. March, of Albany, then presented a paper on "Morbus Coxarius," or Hip Joint Disease.

On motion of Dr. Smith, Dr. March was requested to read his paper in the Crosby-st School, and to illustrate it by his specimens to-day at noon, on the adjournment of the meeting.

The following resolution was proposed by Professor Palmer, of Chicago:

Resolved, That this Association earnestly recommends to the local societies in different portions of our country, to appoint committees whose duties it shall be to record the prevalence of epidemic or other diseases, and the general state of health in their respective localities and transmit the said reports to the Committee of this body on Epidemics through the State Societies, where they exist.

Which resolution, together with another instructing the Secretary to circulate the above resolution through every State in the Union, was adopted.

On motion, the Association took a recess till 1½ o'clock.

AFTERNOON SESSION.

The Association was called to order by the President at 1½ o'clock.

The Secretary read an invitation to the members of this Association from the authorities of the New York Hospital to visit that institution.

The Secretary then read the names of a number of members who had just presented their credentials.

Dr. Charles A. Lee then offered the following resolutions:

Resolved, That it be adopted as the sense of this convention, that those colleges which give two courses of lectures annually, thereby making two colleges out of one, are unworthy of the commendation of this convention.

Resolved, That no person shall be received by this association, from any medical college which gives two courses of lectures annually, each counting towards a degree.

Dr. Morgan, from Washington, moved that the above resolutions be referred to the Committee on Education, of next year.

Moved by Dr. Atlee, of Philadelphia, that the above resolutions be laid upon the table. Carried.

A resolution was then carried, tendering the thanks of this convention to Doctor Winslow, of Boston, for the distinguished services he has rendered to the medical profession in the Legislature of Massachusetts.

Dr. Buck, of New York, then read a paper on morbid growths in the larynx. The natural specimen was exhibited, and also a wax model of the same. This paper was listened to with great interest by the Association. Dr. Buck detailed the various operations that he had performed on the patient, a widow lady of middle age, which were, unfortunately, unsuccessful.

Dr. Thomas G. Symons, Chairman of the Committee to memorialize Congress, to have the Medical Statistics of the United States printed separately for the use of the Medical Profession, reported.

The same gentleman presented the following report:

The undersigned, Chairman of a Committee appointed by the American Medical Association to memorialize Congress upon the importance of enacting, as an act of duty and humanity, a law making it obligatory upon all vessels conveying emigrants to have a regular surgeon on board, respectfully report:

That a memorial, signed by all the members of the Committee, the President and Secretaries of the Association, was, through the medium of Hon. A. P. Butler, Senator from South Carolina, presented in May, 1852, to the Senate of the United States, and was referred to the Committee on Commerce.

It is with regret that the undersigned has to report, that the Committee of Commerce, having, it is to be presumed, other subjects of much greater import in a pecuniary point of view, but assuredly not in a humane and philanthropic one, made no report.

It was not contemplated that any action would have been taken on the subject, at the late period of the session of 1852, but sanguine hopes were entertained that some report would have been made in the session of 1853. The undersigned, in common with every good citizen, has a respectful consideration for the legislature and public functionaries, but must honestly confess that the legislation growing out of untoward pressure for ulterior purposes of individual or political agrandizement, renders it difficult to have such prompt and efficient action as should be reasonably expected upon questions involving scientific advancement, or objects of Hygienic improvement. The undersigned, however, is fully impressed that no intentional disrespect was meant by the Committee on Commerce, in allowing the memorial to remain in their archives unnoticed, and now that the Presidential election and collateral subjects incidental, or having a bearing thereon are settled, it is but reasonable to suppose the Senate and House of Representatives would consider any measure as regards science, or medicine, or Hygiene, recommended by the American Medical Association, and likewise, if possible, in legislation, adopt the same. There has been every assurance given to the undersigned that the measure will have a proper consideration at the next Session of Congress, therefore he asks that the Committee be

continued, and considered as reporting progress. All of which is respectfully submitted.

THO. G. SYMONS, M. D. Chairman.

Both of the above reports were accepted, and the Committee continued.

Dr. Peaslee, of New Hampshire, offered the following resolution, which he accompanied with a few brief and appropriate remarks:

Resolved, That it is the duty of the faculties to refuse to admit to examination, for the degree of Doctor, all persons who intend to engage in any other than the regular practice, and to give notice of this in their annual course of lectures.

Dr. Sayre said he thought the resolution was not calculated to effect the object it had in view. The best way, in his opinion, was to withdraw the diploma after it had been given, and in the event of its being used for the advancement of quackery. In conclusion, he moved the following resolution as an amendment:

Resolved, That a committee be appointed to memorialize the several State governments, in reference to the subject of diplomas to medical men, and to petition them, in the name of the Association for the passage of a law granting to chartered medical colleges the privilege of retracting publicly the diplomas of any of their graduates, when, in the judgment of the medical faculty of the college or school granting such diplomas or certificates, they may have forfeited a right to the same.

Dr. Gooch moved that the whole subject be laid upon the table to come up again before the meeting to-morrow. The motion was adopted, and the meeting soon after adjourned till 9 o'clock Thursday morning.

THIRD DAY.

The meeting of this body was re-opened pursuant to adjournment. Two hundred and seventy-six delegates were present, Dr. Knight, president, took the chair, and Dr. Beadle, Secretary, read the minutes of the proceedings on the previous day. Business was then resumed.

On motion of Dr. W. Hooker, a committee of five was appointed to take action in regard to the further organization of state and county medical societies.

Dr. Zeigler, of Pennsylvania, offered the following preamble and resolutions, which were referred to the committee on organizing state and county societies.

Inasmuch as the universal aggregation and organization of the men-

bers of the medical profession in the United States has long been a desideratum, but partially attainable until the adoption of the present mode of organziing local and general societies in imitation of, and in conformity with the confederacy of this country, and whereas, notwithstanding this consolidation has thus been more completely and perfectly effected, a very large portion of the profession still remain isolated and unassociated, thus retarding and preventing the more rapid attainment of those exalted objects involved in this universal professional union in one great brotherhood; and inasmuch as the present general mode of perfecting further and final professional aggregation and consolidation is comparatively imperfect, inefficient and protracting, and hence will require an almost indefinite period for its full accomplishment and final consummation and completion; and inasmuch as some more general and systematic effort for the speedy and positive realization of this highly important object is yet greatly desirable; therefore

Resolved, That the American Medical Association hereby reiterate the repeatedly previously expressed desire for the immediate formation and organization of county and state medical societies in every part of the country in which they have not yet been established.

Resolved, That every county medical society be and is hereby recommended to dispense with the present system of acquiring members by the previous pro formal manifestation of personal desire on the part of applicants for such association, and to substitute therefor that of the immediate and voluntary election to membership therein of every unassociated eligible physician.

Resolved, That all physicians thus voluntarily elected, and subsequently neglecting or declining to respond to and unite themselves with the general profession, shall be considered as estimating their own personal views, and private relations and interests, above and in opposition to those of the profession generally, and, as thus antagonistic to its exalted objects cannot therefore consistently expect the continued enjoyment of the usual rights and privileges of professional intercourse and fellowship.

Dr. N. S. Davis, of Chicago, read the report of the committee on medical literature, which was referred to the committee on publication. The document showed that there were twenty-eight periodicals of medical instruction and literature published in the United States, which were issued at quarterly, monthly, semi-monthly, and weekly intervals. The committee had carefully examined their general contents and arrangement previous to the years 1852, and from the April of that year to the month of March, 1853, and found that a considerable improvement had taken place. They enjoyed an aggregate circulation of about sixteen thousand, and contained a large amount of information in the shape of notices of lectures, communicated medical and surgical cases, obstetrics general hygiene, editorial matter, and reviews.

Dr. Yandell, of Kentucky, offered the the following resolutions which were unanimously adopted by a rising vote :

Whereas, By the dispensation of an inscrutable Providence, Dr. Daniel Drake has been removed since the last meeting of this Association from the scene of his earthly labors—

Resolved, That in the death of Dr. Drake the American Medical Association has lost one of its most valued members, and the American Medical profession one of its brightest ornaments.

Resolved, That his steady devotion to his profession through a long life, his zeal, activity, and unceasing efforts to advance its interests, afford an example worthy of the imitation of every young physician.

Resolved, That this Association will cherish the memory of Dr. Drake for his many virtues, and for his labors which have adorned and elevated our profession.

On motion of Dr. Condie, of Pennsylvania, it was

Resolved, That we have heard with sincere regret of the death of our late fellow member, Dr. Isaac Parrish, of Philadelphia, who was distinguished by his early and earnest advocacy of the establishment of this association, by his ardent interests in its proceedings, and by his valuable contributions to its publications.

On motion of Dr. Cox, of Maryland, it was also

Resolved, That in the demise of Dr. William E. Horner, which has occurred since the last annual session of this body, the American Medical Association has lost one of its illustrious and useful members; and the science of medicine an indefatigable student and most distinguished teacher.

Resolved, That his memory, dear as it must ever be to the lovers of medical science universally, will be especially cherished by this Association, to whose great objects and aims, his last efforts were during life, promptly and liberally bestowed.

On motion of Dr. Palmer, of Chicago the resolution offered yesterday from the Virginia Medical Society, recommending the appointment of a Chemist, and laid on the table, was taken up for consideration.

Dr. Parker, of Virginia, offered the following as an amendment :

Resolved, That this Association recommend Congress to consider the propriety of passing a law compelling all importers of nostrums to state upon all compounds thus imported their true constituents, and in English.

Resolved, That the Secretary be instructed to forward a copy of these resolutions to the Executive of the general Government.

An amendment to strike out all after the word "English," was accepted.

The first resolution was read by the Secretary.

Dr. Bond, of Baltimore, objected to the resolution, because it could do no good, and was likely to do a great deal of injury. He moved to lay on the table, but withdrew it to allow discussion.

Dr. Hooker, of Connecticut, said the facts from the State of Maine would answer the objections of Dr. Bond. An act had been passed there which was found to be a death-blow to this system of quackery. But on petition of the people and clergy, who were in favor of encouraging it, the law was repealed. He wished parties to know what they swallowed.

Dr. Sayre, of New York, said that every notice that was taken of any such quackeries only tended to advertise them, and could accomplish no useful purpose. He proposed to lay on the table. Lost.

Dr. Cox, of Maryland, never knew any good to follow prohibitory measures against quackery. In the State of Maryland a set of quacks known as Thompsonians, flourished under prohibitory legislature, and died away when given every freedom and latitude. He believed the surest death blow to quackery was to treat it with contempt and silence. It was unworthy of any grave notice from this Association. He believed the true remedy against quackery was to be found in attention to their Association.

Dr. Bolton, of Virginia, drew the attention of the Association to a resolution passed yesterday, thanking Dr. Winslow Lewis for his efforts in supporting a bill before the Massachusetts Legislature. There was a mistake in thinking that the resolution proposed to prohibit the sale of these quack medicines; it only proposed that the ingredients of which they were composed should be set forth on the label. This would divest the medicine of the great charm of mystery which gave them such importance in the minds of the public. They would see that for a few pence they could procure some simple medicine, which was the chief ingredient in the expensive bottle.

Dr. Richards, of Ohio, and Dr. Jackson, of Massachusetts, followed in opposition to the resolution. The analyzing of these nostrums, by order of the State, would be giving a sanction to their sale.

The reading of the resolution was called for, and a vote taken.

PRESIDENT.—The Nays are the loudest; whether they are the more numerous. I cannot say.

The House was counted, and the resolution laid on the table.

Dr. Yandell presented a report received from Dr. S. D. Gross, on

the results of Surgical operations for the relief of malignant diseases, which was referred to a Committee on Publication. Dr Y. read a brief abstract, as follows:

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced and distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced:

First.—That cancerous affections, particularly those of the mammary gland, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession, to the present moment. Nature never cures a disease of the kind; nor can this be effected by any medicine, or internal remedies, known to the profession.

Secondly.—That excision, however early and thoroughly executed is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months, from the time of the operation.

Thirdly.—That nearly all practitioners, from the time of Hippocrates to the present day, have been, and are still averse to any operation for the removal of cancerous tumors, after the establishment of ulceracion, rapid growth, firm adhesion, organic change in the skin, lymphatic invasion, the cancerous dyscrasy, or serious constitutional derangements; on the ground that, if had recourse to, under these circumstances, the malady almost inevitably recurs in a very short time, and frequently destroys the patient more rapidly than when it is permitted to pursue its own course.

Fourthly.—That in all cases of *acute* carcinoma, or, in other words, in all cases of this disease, attended with very rapid development and great bulk of the tumor, extirpation is improper and unjustifiable, inasmuch as it will only tend to expedite the fatal result, which, under such circumstances, always takes place in a very short time.

Fifthly.—That all operations performed for the removal of encephaloid cancer and its different varieties, are more certainly followed by rapid relapse than operations performed upon schirrus or hard cancer.

Sixthly.—That in nearly all the operations for cancerous diseases, hitherto reported, the history has been imperfectly presented, being deficient in the details which are necessary to a complete and thorough understanding of the subject in each case. This remark is particularly true in reference to the diagnosis of the malady, the minute examination of the morbid structure, and the history of the case after the operation, as to the period of relapse, the time and nature of the patient's death, and the result of the post mortem examination.

Seventhly.—That cancerous affections of the lip and skin, now usually described under the name of cancroid diseases, are less liable to elapse after exterpation than genuine cancerous maladies, or those which

are characterized by the existence of the true cancer cell and cancer-juice.

Eighthly.—That, although practitioners have always been aware, from the earliest professional records, of the great liability of cancer to relapse after extirpation, a great majority of them have always been, and still are, in favor of operation in the early stage of the disease, especially in schirrus, before the tumor has made much progress, or before there is any disease of the lymphatic ganglions, or evidence of the cancerous cachexy.

Ninthly.—That many cases of tumors, especially tumors of the breast and testicles, supposed to be cancerous, are in reality not cancerous, but of a benign character, and consequently, readily curable by ablation, whether effected by the knife or by escharotics. It is to this circumstance that we must ascribe the astonishing success which is said to have attended the practice of HILL, of Scotland, NOOTH, of England, and FLAJANI, of Italy.

Tenthly.—That all operators insist upon the most thorough excision possible; removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as all enlarged and indurated ganglions.

Eleventhly.—That the practice has always prevailed, and still obtains, to save, if possible, a sufficient amount of healthy integument to cover the wound, and to unite, if possible, the wound by the first intention; on the ground that these precautions will tend much to retard, if not to prevent a recurrence of the disease.

Twelfthly.—That much stress is laid by writers upon a properly regulated diet, and attention to the bowels and secretions after operation, as means of retarding and preventing relapse.

Thirteenthly.—That there is no remedy, medicine or method of treatment which has the power, so far as we are enabled to judge of its virtues, of preventing the reproduction of the morbid action after operation, no matter how early or how thoroughly it may be performed.

Fourteenthly.—That life has occasionally been prolonged and even saved by operation after relapse, as in some of the remarkable cases mentioned in a previous part of this report; but that, as a general rule, such a procedure is as incompetent to effect a permanent cure as a first extirpation.

Dr. Bryan, of Pennsylvania, rose to correct a statement made yesterday, by Prof. Jackson, that a young gentleman had been allowed to graduate in Philadelphia Medical College, after two weeks study.

Prof. Jackson, stated that he had received the information from a gentleman, whom he named, and had used it as an illustration of his argument.

Dr. Gooch, called up the subject of the graduating pledge, proposed by Dr. Peaslee, of New Hampshire, last evening, and laid over, and proposed the following resolutions:

Resolved, That this Association earnestly recommends to all the respectable Medical Colleges of the United States to administer to their graduates, previous to receiving the diploma, some pledge that they will maintain, to the best of their abilities, the honor and dignity of the profession; and that they will forfeit their degrees, whenever they desert the orthodox system of medicine.

Resolved, That the schools be urged not to graduate any man without requiring him to read the National Code of Ethics and publicly give his consent to abide by it, and that they will reserve to themselves the right to withdraw the diploma, publicly, whenever *the graduating* pledge has been violated.

Dr. John H. Phillips, of New Jersey, offered the following amendment:

Resolved, That it is the duty of all Boards of Examiners, to whom candidates may apply for examination or approval, to admit none but those who give satisfactory evidence of a good preliminary education, and that a regular Course of Medical Practice will afterwards be pursued and who shall subscribe to the Code of Ethics adopted by this Association.

Dr. Cox, of Maryland, thought the resolution contemplated an extraordinary act of legislation, and there would be great difficulty in applying the principle. The power of revoking a diploma, once given under the legal sanction of a charter, was a dangerous one to be intrusted to any set of men,

Dr. Atkinson, of Virginia, thought, that until the millennium, quackery would exist in the profession to some extent, and it was vain to legislate against it.

On motion of Dr. Sayre, of New York, the Association took a recess for one hour, without disposing of the resolution.

AFTERNOON SESSION.

The Association was called to order at 1½ P. M.

The consideration of Dr. Gooch's resolution was resumed.

Dr. Stille, of Pennsylvania, offered the following:

Resolved, That in order to preserve the purity and honor of the medical profession, and to place around young practitioners an additional safe-guard against temptations to do wrong, as well as to draw a more distinct line between true and false physicians —it is hereby recommended to the several Medical Colleges, and such other Boards as are by law authorized to examine candidates for admission into the medical profession, to require from every graduate or licentiate, his signature to the Code of Ethics of this Association, as well as to furnish him with a copy of

the Code, and it is also recommended that the formal administration of a pledge, faithfully to observe and keep the same, form part of the public ceremonies of Medical Commencement.

After some discussion the whole subject was referred to a Committee of three, to report as soon as possible.

Dr. Blatchford, of New York, moved to have a resolution offered yesterday, on the licensing power, with amendments by Dr. Garnett, taken up for consideration,

Dr Hooker, of Connecticut, spoke to the subject of the resolutions. He would expose individual cases, without referring to the Colleges or individuals, by name. The object of such an Association as this, was not to be personal, but to reform abuses. Dr. H. cited several cases, for which he stated he had the best authority, in which young men had been allowed to graduate after terms of study under one year. Four of these cases, were from schools very prominent in the community. If such instances as he had stated had come without inquiry, was it not probable that if a searching inquiry were instituted numerous such abuses would be discovered. The cause of this was in a great degree owing to the competition between schools. He wished that the subject should be brought before a Committee; and he thought the remedy proposed in Dr. Garnett's amendment would prove efficacious.

Dr. Johnson, of St, Louis, was happy the subject had come before this Association. He was sorry the gentleman had not given the instances he referred to; for he was confident that the Association was composed of gentlemen who would have an influence in preventing such abuses. In Missouri, they had memorialized the Legislature, and found that no hope for any measure to protect the Medical Faculty could be expected from the Legislature. This Association would in itself have a much greater influence, by denying those schools which acted in the manner described, a place on this floor. The moral power of this Association, if exercised, would have the effect of keeping members of the profession from such practices.

Dr. Atlee, of Pennsylvania, rose to prevent a discussion on the subject, which could lead to no practical good for the present. The evil was a very great one, and he hoped the whole subject would be referred to a committee to make their report at the next meeting.

The subject was referred to the following Committee: Drs. Samuel Jackson, T. Blatchford, Johnson, of Missouri, and Peaslee of New Hampshire.

On motion of Dr. Atlee, the subject of proposed amendments to the Constitution was taken up, and the original articles, with proposed amendments read by the Secretary.

Dr. Stevens, of New York, moved an indefinite postponement of the whole subject of amendments to the Constitution.

Dr. Atkinson, of Virginia, moved to have the amendment proposing to admit four delegates from the United States Army and United States Navy, excepted from motion to postpone.

Dr. Coolidge, of United States Army, hoped the Association would decide whether delegates from the Army and Navy were entitled to a seat on the same footing as other delegates. If the Association did not do so, he thought the Chief of the Army and Navy Medical Bureau would not be inclined to nominate delegates from that department in future.

Dr. Bolton, of Virginia, read some resolutions intrusted to him by the Medical Society of Virginia, on the subject of amending the Constitution.

Dr. Stewart said the only alterations proposed were, in effect, to have only one delegate from each college, and one from each hospital, instead of two. This was that they might obtain, as nearly as posrible, a uniform representation of ten per cent., from all branches of the profession. Also the change respecting the Army and Navy delegates.

The question on indefinite postponement, excepting the clause altering the Constitution in relation to delegates from the Army and Navy was put and carried, and the following adopted:

Resolved, That the second clause of Article 2 of the Constitution be so amended as to admit the American Medical Society in Paris to representation in this body upon the same terms as this Medcial bodies in the country.

Dr. Alfred Stille, Chairman of the Committee to whom was referred sundry memorials touching the course to be pursued by Medical Colleges and other Boards in the examination of candidates and the granting of Diplomas reported, submitting the following resolutions for adoption:

Resolved, That in order to preserve the purity and honor of the medical profession, and to place around young practitioners additional safe-guards against temptations to do wrong, as well as to draw a more distinct line of separation between true and false physicians, it be and is hereby recommended, that every graduate in Medicine be required to subscribe a pledge to submit to the revocation of his diploma upon conviction of having knowingly violated the Code of Ethics of this Aisociation. It is also recommended to the several Medical Colleges and such other Boards as are by law authorized to examine candidates

for admission into the Medical Profession, to require from every graduate or licentiate his signature to the Code of Ethics of this Association, and to furnish him with a copy of the same. It is further recommended that the formal administration of a pledge faithfully to observe and keep the said Code form part of the public exercises of Medical Commencements.

The following form of Promise was among the documents referred to the Committee on Pledge:

I, A. B., of ———, in the State of ———, do hereby promise, on the honor of a gentleman, that I will conform strictly to the Code of Ethics of this my Alma Mater in all things pertaining to the practice of my profession; and when I shall fail to do so, I hereby grant to the Faculty of said School full power and authority to withdraw said Diploma, and all the rights and privileges which it is intended to confer.

Dr. Palmer, of Ills., and other delegates opposed that part of the report proposing to clothe colleges with the power of revoking diplomas for a breach of the "Code of Ethics."

Several motions and countermotions were made. The Chairman decided on the right of the Committee to withdraw the objectionable resolution, when the second and third recommendations of the report were adopted.

Dr. Sayre, of New-York, moved that the resolution be taken up, and passed as the sense of the meeting. It was taken up, and referred to Committee.

Dr. Palmer moved the following, which was adopted:

Resolved, That the Standing Committee, of which Dr. Bolton is Chairman, be instructed to inquire into all cases of death that may be reported as occurring from the use of anæsthetic agents during the present year in the United States, and report to the next meeting of the Association.

Dr. J. M. Smith, of New York, read the following

REPORT OF COMMITTEE ON NOMINATIONS.

The Committee on Nominations, in fulfilling the duty of their appointment, propose to continue most of the Special Committees appointed by the Association, in May, 1851, and May, 1852, and to appoint several new Special Committees. They, therefore, submit the following list of Chairmen of Special Committees, with the subjects to them committed:

1, Dr. D. F. Condie, of Philadelphia, Penn., "On the Causes of Tubercular Disease."

2. Dr. James Jones, of New Orleans, La., "On the Mutual Relations of Yellow and Bilious Remittent Fever."

3. Dr. R. S. Holmes, of St. Louis, Mo., "On Epidemic Erysipelas."

4. Dr. Geo. B. Wood, of Philadelphia, Penn., "On Diseases of Parasitic Origin."

5. Dr. R. D. Arnold, of Savannah, Ga., "On the Physiological Peculiarities and Diseases of Negroes."

6. Dr. James R. Wood, of New York. "On Statistics of the operation for the removal of Stone in the Bladder."

7. Dr. F. Peyre Porcher, of Charleston, S. C.—"On Toxicological and Medicinal Properties of our Cryptogamic Plants."

8. Dr. Goodrich A. Wilson, of Virginia—"On Cholera and its Relation to Congestive Fever—their Analogy or Identity."

9. Dr. Worthington Hooker, of Connecticut—"On Epidemics of New England and New-York."

10. Dr. John L. Attee, of Lancaster, Penn.—"On Epidemics of New-Jersey, Pennsylvania, Delaware and Maryland."

11. Dr. D. G. Cain, of Charleston, S. C.—"On Epidemics of Mississippi, Louisiana, Texas and Arkansas."

12. Dr. W. L. Sutton, of Georgetown, Ky.—"On Epidemics of Tennessee and Kentucky."

13. Dr. Thomas Keyburn, of St. Louis Mo.—"On Epidemics of Missouri, Illinois, Iowa and Wisconsin."

14. Dr. George Mendenhall, of Cincinnati, Ohio—"On Epidemics of Ohio, Indiana and Michigan."

15. Dr. E. D. Fenner, of New Orleans, La.—"On Epidemics of Mississippi, Louisiana, Texas and Arkansas."

16. Dr. Chas. A. Lee, of New York—"On Domestic Hygiene."

17. Dr. Daniel Brainard, of Chicago, Ill.—"On the Constitutional and Local Treatment of Carcinoma."

18. Dr. N. S. Davis of Chicago, Ill.—"On the Influence of Local Circumstances on the Origin and Prevalence of Typhoid Fever."

19. Dr. Geo. Engelman, of St. Louis, Mo.—"On the Influence of Geological Formation on the Character of Disease."

20. Dr. Henry M. Bullitt, of Louisville, Ky.—"On the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease."

21. Dr. Robert Campbell, of Augusta, Ga.—"On the Pathogenic Influence of Feather Beds."

22. Dr. James Bolton, of Richmond, Va.—"On the Administration of Anæsthetic Agents during Parturition."

23. Dr. Henry Taylor, of Mount Clemens, Mich.—"On Dysentery."

24. Dr. F. Donaldson, of Baltimore, Md.—"On the Present and Prospective value of the Microscope in Disease."

25. Dr. R. L. Howard, of Columbus, Ohio—"On the Pathology and Treatment of Scrofula."

Committee on Plans of Organization for State and County Societies—Isaac Hays, M. D., of Pennsylvania, Chairman; Worthington Hooker, M. D., of Connecticut; Josiah Andrews, M. D., of Michigan;

B. R. Wellford, M. D., of Virginia; A. L. Pierson, M. D., of Massachusetts.

Committee on Medical Literature.—T. S. Bell, M. D., of Kentucky, Chairman; Samuel H Pennington, M. D., of New-Jersey; Ed. H. Parker, M. D., of New Hampshire; William K. Bowling, M. D., of Tennessee; Zina Pitcher, M. D, of Michigan.

Committee on Medical Education.—B. R. Wellford, M. D., of Virginia, Chairman; Resign Lowe, M. D., of Iowa; Lynden A. Smith, M. D., of New Jersey; Jacob Bigelow, M. D., of Massachusetts; L. A. Dugas, M. D., of Georgia.

Committee on Volunteer Communications.—Drs C. A. Pope, Thos. Reyburn, John S. Moore, J. B. Johnson and A Litton, of St. Louis, Mo.

Committee of Arrangements—Drs. J. R. Washington, J. S. Moore, S. Pollok, Thos. Reyburn, J. O'Farrar, W. M. McPheeters, C. W. Hempstead and E. S. Lemoine, of St. Louis Mo.

Committee on Publications.—Dr. D. F. Condie, Pennsylvania, Chairman; Dr. E. L. Beadle, of New-York; Dr. A. Stille, Pennsylvania; Dr. I. Hays, Pennsylvania; Dr. E. S. Lemoine, of Missouri; Dr. G. Emmerson, Pennsylvania; Dr. G. W. Norris, Pennsylvania.

Dr. Atlee, of Pennsylvania, moved that when the meeting adjourn it adjourn to meet at 9 o'clock on Saturday morning.

The motion was withdrawn.

Dr. Roddey, of Virginia, moved to have the report and resolutions offered by Dr. Zeigler, and laid on the table, taken up

The report and resolutions were referred to a committee consisting of Drs. Zeigler, Roddey and Jackson.

Drs. Atlee and Millenberger offered the following, which was adopted

Resolved, That the cordial thanks of the American Medical Association be, and they are hereby tendered to the Committee of Arrangements, the Trustees of the Church in which they have held their meetings, the profession and the citizens generally of New-York, for the generous and elegant hospitality extended towards its members during its present session.

Dr. Bolton proposed a vote of thanks to the President of the Institutions which had been thrown open for members of the Association during their stay.

Dr. Bolton, of Virginia, moved the thanks of the Association to the Press of the City, for its accurate reports of their proceedings.

On motion, it was resolved to meet on board the steamboat, at foot of Pier No. 3, Friday morning, at 9 o'clock, and proceed to visit the public institutions belonging to the City of New-York.

The President congratulated members on the close of their deliber-

tions, and expressed his wish that they should all meet at St. Louis next year.

The Association then adjourned *sine die*.

In the evening after the adjournment of the Association the members were invited to a sumptuous dinner provided by the Physicians of New York. The entertainment was superb; it was intended to be the most magnificient ever prepared in our country, and we presume the effort was successful. The room, the dinner itself, the galleries, filled with the beauty and fashion of New York, presented a spectacle which those who beheld it will never forget.

We had hoped to conclude our account of this interesting meeting in this number but find we have not space—it will be completed in our next.

ACCIDENTAL DEATH OF PHYSICIANS.

Among the victims of the Rail Road disaster, at Norwalk, were several physicians, members of the American Association returning from the meeting at New York. Some of them were men of note, and all were men of influence in their respective communities. Dr. Pierson, of Salem, Mass., was President of the Essex South District Medical Society. Dr. J. W. Smith, of Springfield, Mass., son of the late Dr. Nathan Smith, and brother of Prof. N. R. Smith, of Baltimore, held a high place in the public estimation. Dr Josiah Bartlett, of New Hampshire, was eminent in his profession. The others, Dr. Beach, and Dr. Welsh, of Connecticut, Dr. John G. Gray, and Dr. Dwight, of Mass., though less known, were men of moral worth as well as professional distinction, and their untimely death has carried sorrow and dismay into the neighborhoods where they had exerted their beneficent skill.

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